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No.

Boston Medical Library Association,

19 BOYLSTON PLACE.





Rich m learfur pot

TRANSACTIONS

OF THE

MEDICAL SOCIETY



NEW JERSEY.

1874.

NEWARK, N. J.:

JENNINGS & HARDHAM, STEAM PRINTERS AND BOOKBINDERS,

153 and 155 Market Street.

1874.

OFFICERS, 1874.

PRESIDENT.			
G. H. LARISON, LAMBERTVILLE.			
VICE-PRESIDENTS.			
VIOR-FREEDEN 15.			
1ST. WM. O'GORMAN, NEWARK.			
2D. JNO. V. SCHENCK,			
3D. H. R. BALDWIN, New Brunswick.			
CORRESPONDING SECRETARY.			
WM. ELMER, Jr., TRENTON.			
RECORDING SECRETARY.			
WILLIAM PIERSON, Jr., Orange.			
TREASURER.			
W. W. L. PHILLIPS, TRENTON.			
STANDING COMMITTEE.			
STEPHEN WICKES, Permanent Chairman, ORANGE.			
S. C. THORNTON, Moorestown.			
THOS. RYERSON, Newton.			



FELLOWS.

All persons who shall have been, or may hereafter be President of the Society, shall rank as Fellows, and be entitled to all the privileges of delegated members.

Act of Incorporation, Sec. 1.

Those marked thus [*] are deceased. *CHARLES SMITH......1811 *MATT. H. WILLIAMSON 1812 *WILLIAM BURNETT..... 1767 *NATHANIEL SCUDDER 1770 *Peter J. Stryker......1817 *JOHN VAN CLEVE......1818 *Absalom Bainbridge......1778 *Hezekiah Stites......1775 *JAMES LEE..... 1820 * *WILLIAM G. REYNOLDS......1821 *Augustus R. Taylor......1822 *Law Van Derveer......... 1784 *Peter I. Stryker......1824 *GILBERT S. WOODHULL..... 1825 *WM. D. McKissack...........1826 *Jonathan Elmer......1787 *Isaac Pierson......1827 *JRPHTHA B: MUNN........1828 *Augustus R. Taylor......1830 *Lewis Dunham...... 1791 *Thomas Yarrow......1881 *FITZ RANDOLPH SMITH 1832 *JONATHAN F. MORRIS1807 *Abm. P. Hagerman.......1835 *Henry Van Derveer.....1836 *LEWIS CONDICT......1810 *Lyndon A. Smith..........1837

MEDICAL SOCIETY OF NEW JERSEY.

BENJ. H. STRATTON1838	*RICHARD M. COOPER 1856
*JABEZ G. GOBLE1839	THOMAS RYERSON
*Thomas P. Stewart1840	*ISAAC P. COLEMAN
*Ferdinand S. Schenck1841	JNO. R. SICKLER1859
ZACHARIAH REED1842	Wm. Elmer1860
*Abraham Skillman1843	JNO. BLANE 1861
GEORGE R. CHETWOOD1844	JNO. WOOLVERTON 1862
ROBERT S. SMITH1845	THEO. R. VARICK
*Charles Hannah1846	EZRA M. HUNT1864
*Jacob T. B. Skillman1847	ABRAM COLES
SAMUEL H. PENNINGTON 1848	BENJ. R. BATEMAN1866
Joseph Fithian1849	Jno. C. Johnson1867
*ELIAS J. MARSH	THOS. J. CORSON
JOHN H. PHILLIPS1851	Wm. Pierson
OTHN'L H. TAYLOR1852	THOS. F. CULLEN
SAMUEL LILLY	CHAS. HASBROUCK1871
*A. B. DAYTON1854	Franklin Gauntt1872
J. B. COLEMAN	T. J. THOMASON

HONORARY MEMBERS.

*David Hosack, New York	1827
*J. W. Francis	1827
*John Condict, Orange	1830
*Noah Parsons, Rhode Island	1839
*REUBEN D. MURPHY, Cincinnati	1839
ALBAN G. SMITH, New York	1889
WILLARD PARKER, New York	1842
*Valentine Mott, New York	1843
*Jonathan Knight, New Haven	1848
*NATH'L CHAPMAN, Philadelphia	1848
*ALEX. H. STEPHENS, New York	1848
*Lewis C. Beck, New York	1850
*John C. Torrey, New York	1850
GEORGE B. WOOD, Philadelphia	1858
H. A. BUTTOLPH, Trenton, N. J	1854
ASHBEL WOODWARD, Franklin, Conn	1861
*THOS. W. BLATCHFORD, Troy, N. Y	1861
JEREMIAH S. English, Manalapan, N. J	1867
STEPHEN WICKES, Orange, N. J	1868
S. O. VANDERPOOL, Albany, N. Y	1872
Jos. Parrish, Media, Penn	
FERRIS JACOBS, Delhi, N. Y	1872
C. A. LINDSLEY, New Haven, Conn	1872

MEMBERS OF DISTRICT MEDICAL SOCIETIES

REPRESENTED AT THE

ANNUAL MEETING, 1874.

BERGEN COUNTY.

(District Society organized February 28, 1854.)

H. C. Neer, Pres't,	Park Ridge.	H. C. Crary,	Closter.
J. M. Simpson, V. P.,	Scraalenburgh.	D. A. Currie,	Englewood.
C. Hasbrouck, Sec'y,	Hackensack.	W. Francis,	Ridgewood.
J. T. DeMund, Treas.	Wortendyks.	J. J. Haring,	Tenafly.
R. Stewart, Reporter,	Ruth'fd Park.	H. A. Hopper,	Hackensack.
M. S. Ayres,	Fairview.	A. P. Williams,	Rutherfurd Park.
A. S. Burdett,	Hackensack.	S. J. Zabriskie,	Westwood.

No. Members, 14.

No. Members, 24.

CHARLES HASBROUCK, Secretary.

BURLINGTON COUNTY.

(District Society organized May 19, 1829.)

P. K. Hilliard, Pres., A	Cannahawken.	A. E. Budd,*	Mount Holly.
B. H. Stratton, Treas.,	Mt. Holly.	Richard E. Brown,	44
S. C. Thornton, Rep'tor	, Moorestown.	Jos. H. Horner,	44
J. H. Pugh,	Burlington.	Alex. Elwell,	Vincentown.
Franklin Gauntt,	46	R. H. Page,	Columbus.
D. B. Van Slyke,	"	George Goodell,	Platteburg.
L. Van Rensselaer,	66	Theodore T. Price,	Tuckerton.
H. H. Longstreet,	Bordentown.	Stanley G. Clark,	"
L. P. Jamison,	"	Lewis Sharp,	Medford.
Irene D. Young,	46	J. Reeve,	44
A. W. Taylor,	Beverly.	Enoch Hollingshead,	New Egypt.
E. P. Townsend,	"	Chas. A. Baker,	Florence.

^{*} Resigned office and withdrawn from membership on account of removal.

E. P. Townsend, Secretary.

CAMDEN COUNTY.

(Organized August 14, 1846.)

John V. Schenck,	Camden.	John R. Haney,	Camden.
Thomas F. Cullen,	"	W. H. Ireland,	"
H. Genet Taylor,	66	Thomas Westcott,	"
John R. Stevenson,	44	John W. Snowden,	Waterford.
Alexander Marcy,	46	N. B. Jennings,	Haddonfield.
James M. Ridge,	66	J. W. Hewlings, Jr.,	"
Alexander M. Mecray,	66	C. H. Shivers,	44
J. Orlando White,	"	H. E. Branin,	${\it Blackwood to con.}$
Randall W. Morgan,	66	J. W. McCullough,	46
Richardson B. Okie,	"	H. A. M. Smith,	Gloucester City.
Isaac B. Mulford,	"	Geo. W. Boughman,	"
D. Parrish Pancoast,	"	Edwin Tomlinson,	**

HONORARY MEMBERS.

Joseph F. Garrison,	Camden.
Richard C. Dean,	U.S. N., Washington, D. C.
A. D. Woodruff,	Princess Anne County, Maryland.
No. Members, 24.	H. GENET TAYLOR, Secretary.

CUMBERLAND COUNTY.

(Society organized Dec. 8, 1818.)

B. Rush Bateman,	Cedarville.	George Tomlinson,	Roadstown.
Eli E. Bateman,	66	J. C. Morgan, Pennsvill	e, Salem Co.
Robert M. Bateman,	66	J. Barron Potter,	Bridgeton.
Ephraim Bateman,	"	William Elmer,	"
A. S. Titsworth,	Shiloh.	Thomas J. Smith,	44
Chas. H. Dare,	66	Joseph Sheppard,	44
T. E. Stathem,	Greenwich.	Robert W. Elmer,	"
W. L. Newell,	Millville.	Henry W. Elmer,	46
S. G. Cattell.	Deersteld.	- ,	

HONORARY MEMBER.

Enoch Fithian, Greenwich.

No. Members, 17. H. W. Elmer, Secretary.

ESSEX COUNTY.

(Society organized June 4th, 1816.)

	(Society organized	1 June 4tn, 1810.)	
A. K. Baldwin,	Newark.	I. A. Nichols,	Newark.
M. Baldwin,	u	W. O'Gorman,	"
Bailey,	Bloomfield.	8. H. Pennington,	"
H. C. Beegle,	Newark.	S. Personett,	Verona.
T. N. Bradfield,	66	W. Pierson,	Orange.
A. Coles,	44	W. Pierson, Jr.,	66
J. W. Corson,	Orange.	J. W. Pinkham,	Montelair.
J. A. Corwin,	Newark.	W. Rankin, Jr.,	Newark.
L. M. Crane,	Orange.	A. A. Ransom,	South Orange.
J. A. Cross,	Newark.	J. W. Reed,	Newark.
D. M. Dill,	46	P. Ricord,	66
A. N. Dougherty,	66	D. M. Skinner,	Belleville.
A. M. Edwards,	44	D. S. Smith,	Irvington.
C. Eyrich,	"	D. W. Smith,	Newark.
W. B. Grover,	46	E. D. G. Smith,	"
T. Haight,	44	L. Southard,	46
H. C. Hendry,	46	C. W. Stickney,	"
P. V. P. Hewlett,	44	E. B. Thompson,	Orange.
E. Holden,	44	M. H. C. Vail,	Newark.
W. H. Holmes,	Orange.	E. T. Whittingham,	Millburn.
J. B. Jackson,	Newark.	8. Wickes,	Orange.
E. Jobs,	Springfield.	F. Wilmarth,	East Orange.
G. R. Kent,	Newark.	L. D. Ward,	Newark.
C. J. Kipp,	"	A. W. Woodhull,	66
H. A. Korremann,	"	C. Young,	44
C. F. J. Lehlbach,	"	C. M. Zeh,	"
J. J. H. Love,	Montclair.	W. A. Pindell,	"
A. M. Mills,	44	J. C. Lindsley,	44
E. P. Nichols,	Newark.		

No. Members, 57.

CHARLES YOUNG, Secretary.

HUDSON COUNTY.

(Society organized Oct. 1, 1851.

A. A. Lutkins, Pres't, Jersey City.	F. C. Selnow,	Jersey City.
B. D. Carpenter, V-Pres't, "	T. F. Wolfe,	"
H. Mitchell, Sec'y, "	8. V. W. Stout,	66
B. A. Andrews, Treas., "	T. C. O'Callaghan,	66

E. W. Buck, Reporter,	Jersey City.	C. H. Case,	Jersey City.
J. M. Cornelison,	u	C. O. Viers,	"
T. R. Varick,	"	F. Giesler,	Hoboken,
J. E. Culver,	"	J. J. Prendergast,	Jersey City.
L. D. Elder,	Hoboken.	B. Gilman,	"
J. H. Vondy,	Jersey City.	J. Q. Bird,	"
D. L. Reeve,	66	A. G. Avery,	46
R. F. Chabert,	Hoboken.	Lowenthall,	Hoboken.
S. R. Forman,	Jersey City.	H. H. Abernethy,	Jersey City.
T. F. Morris,	"	E. Bock,	66
E. P. Buffett,	66	A. Freeman,	"
J. Kudlick,	Hoboken.	I. W. Van Houten,	46
F. G. Payn,	Bergen Point.	J. F. Morgan,	46
J. W. Hunt,	Jersey City.	J. D. McGill,	"
F. E. Noble,	66	T. J. McLaughlin,	u
J. F. Finn,	66	J. A. Blake,	Union Hill.
J. Craig,	46	F. C. Ran,	West Hoboken.
J. Wilkinson,	и	L. A. McBride,	Jersey City.
B. A. Watson,	"	H. M. Eddy,	и
J. T. Field,	Pamrapo.	J. R. Everitt,	"
J. B. Burdett,	Jersey Ci'y.	Pettigrew,	"
G. W. Tallson,	West Hoboken.	Van Saun,	"
M. A. Miller,	Jersey City.	R. M. Petrie,	66
J. H. McDowell,	46	J. Lochner,	"
D. Benson,	Hoboken.	J. A. Petrie,	44
D. S. Hardenberg,	Jersey City.	C. H. Yerrington,	66
No. Members, 6	30.	HENRY MITCHELL, Se	ecretary.

HUNTERDON COUNTY.

(Society organized June 12, 1821.)			
Matthias Abel,	Quakertown.	C. W. Larison,	Ringoes.
A. W. Armitage,	Woodsville.	Chas. M. Lee,	"
John Blane,	Perryville.	A. S. Pittenger,	Clover Hill.
N. B. Boileau,	"	Wm. H. Schenck,	Flemington.
Wm. S. Creveling,	Bethlehem.	Geo. R. Sullivan,	66
Isaac S. Cramer,	Sergeantsville.	Theo. H. Studdiford,	Lambertville.
Samuel Lilly,	Lambertville.	Albert Shannon,	Stanton.
Geo. H. Larison,	66	O. H. Sproul,	Stockton.
No. Members,	16.	O. H. SPROUL, Sec	eretary.

MERCER COUNTY.

	(Society organize	ed May 23, 1848.)	
J B. Coleman,	Trenton.	W. Elmer,	Trenton.
J. L. Taylor,	44	H. Schaefer,	46
J. Woolverton,	66	L. Leavitt,	44
W. W. L. Phillips,	66	T. H. Mackenzie,	"
T. J. Corson,	66	W. S. Lalor,	44
C. Skelton,	66	Jacob Quick,	41
C. Hodge,	16	C. H. Dunbam,	44
R. R. Rogers,	44	C. P. Britton,	"
C. Shepherd,	66	Elmer Baredis,	"
D. Warman,	"	E. L. Welling,	Pennington.
J. L. Bodine,	46	J. W. Ward,	Asylum.
J. B. James,	"	A. W. Armitage,	Woodville.
H. W. Coleman,	"	C. F. Deshler,	Hightstown.
Wm. Green,	"	O. H. Bartine,	Princeton.
E. H. Reed,	"	J. Wykoff,	46
J. J. B. Ribble,	"		

HONORARY MEMBERS.

J. McKelway,

G. R. Robbins.

No. Members, 81.

J. B. James, Secretary.

MIDDLESEX COUNTY.

(Society organized December 11, 1816.)

C. Morrogh,	New Brunswick.	Rush Van Dyke,	New Brunswick.
C. H. Voorhees,	"	N. Williamson,	"
Chas. Dunham,	"	E. M. Hunt,	Metuchen.
H. R. Baldwin,	66	A. Treganowan,	South Amboy.
N. Kammerer,	46	C. M. Slack,	Dayton.
D. Stephens,	4	A. P. Knappen,	44
D. C. English,	"	J. H. Crawford,	Metuchen.
G. J. Janeway,	"	W. D. Wilson,	44
W. E. Mattison,	"		
No. Member	rs, 17.	RUSH VAN DYKE, Secretary.	

MONMOUTH COUNTY.

(Society organized July 24, 1816.)

Wm. A. Newell,	Allentown.	Isaac S. Long,	Freehold.
John Vought,	Freehold.	James S. Conover,	"
Robert Laird,	Squan Village.	D. McLean Forman,	"
Robert R. Conover,	Red Bank.	Asher T. Applegate,	Englishtown.

J. E. Arrowsmith,	Keyport.	P. B. Pumyea,	Imlaystown.
T. J. Thomason,	Perrineville.	S. H. Hunt,	Eatontown.
Joseph B. Goodenoug	h, Blue Ball.	C. C. Vanderbeck,	Allentown.
A. A. Howell,	Allentown.	Samuel Johnson,	Long Branch.
S. M. Disbrow,	Squankum.	Charles A. Conover,	Marlborough.
Henry G. Cooke,	Holmdel.	J. A. Beegle,	Blue Ball.
A. A. Higgins,	Squan Village.	Charles A. Laird,	Squan Village.
John Cooke,	Englishtown.	George T. Welch,	Keyport.
	HONORARY	MEMBERS.	
D. S. English,	Manalapan.	Edward Taylor,	Middletown.
A. V. Conover,	Long Branch.		
No. Members,	24.	JOHN VOUGHT, S	ecretary.

MORRIS COUNTY. (Society organized June 11, 1816.)

	(Society organized	d June 11, 1816.)	
John S. Stiger, Pres't,	Mendham.	F. F. Sanders,	Morristown.
P. C. Barker, VPres't,	Morristown.	John G. Ryerson,	Boonton.
Stephen Pierson, Sec'y,	66	John Riches, Suc	casunna Plains.
Fred. W. Owen, Treas.,	46	Amasa A. Macwithey, Pompton.	
J. B. Mattison, Reporter,	Chester.	C. D. V. Romondt, A	Pompton Plains.
P. A. Harris,	Dover.	C. Anderson,	Madison.
Daniel S. Ayres,	Rockaway.	Geo. O. Cummins,	Dover.
F. W. Miller,	Whippany.	I. W. Condict,	66
Henry Hulshizer,	Port Oram.	R. W. Stevenson,	Morristown,
No. Members, 18.		Stephen Pierson, Sc	cretary.

PASSAIC COUNTY.

Lemuel Burr,	Paterson.	G. W. Terriberry,	Paterson.
Ridley Kent,	"	Orson Barnes,	"
A. W. Rogers,	44	Oswald Warner,	46
R. J. Whiteley,	66	S. R. Merril,	46
M. Moss,	"	Wm. Blundell,	66
C. S. Van Riper,	66	Wm. Busse,	"
H. C. Van Gieson,	46	J. C. Ameraux,	46
E. I. Marsh,	"	T. I. Kane,	44
G. N. Balleray,	"	I. S. Mackintosth,	"
John Quinn,	"	Sarah F. Mackintosth,	"
Patrick Cahill,	66	G. Terhune,	Passaic.
O. V. Garnett,	46	R. A. Terhune,	"
I. R. Leal,	66	C. Van Riper,	44

Wm. Kent, Paterson. I. C. Herrick, Passaic.
C. F. W. Myers, "F. H. Rice, "
No. Members, 80. C. Van Riper, Secretary.

SOMERSET COUNTY.

(Society	organized	.)
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R. S. Smith,	Bound Brook.	W. H. Merrill,	South Branch.
A. P. Hunt,	Raritan.	D. C. Van Deursen,	Millstons.
W. B. Ribble,	Millstone.	W. S. Swinton,	Somerville.
H. G. Wagoner,	Somerville.	B. B. Matthews,	Bound Brook.
J. F. Berg,	North Branch.	·	
No. Member	a. 9.	H. G. WAGONER, S.	ecretary.

SUSSEX COUNTY.

(Society organized August 22, 1829.)

T. H. Andress,	Sparta.	John Miller,	Andover.
J. L. Allen,	Lafayette.	L. D. Miller,	Newton.
Carlos Allen,	Vernon.	John Moore,	Deckertown.
J. B. Boss,	Sparta.	E. W. Maines,	Flatbrookville.
F. M. Cannon,	Deckertown.	J. F. McCloughan,	Swartswood.
J. W. Collins,	Tranquility.	C. R. Nelden,	Stanhope.
J. P. Couse,	Franklin Furnace.	J. B. Pellet,	Hamburgh.
H. N. Crane,	Branchville.	Thomas Roe,	Walpack Centre.
Martin Cole, Jr.,	Montagus.	Thomas Ryerson,	Nawton.
D. L. Duncan,	Newton.	Franklin Smith,	"
Joseph Hedges,	Branchville.	D. M. Sayre,	44
Jonathan Havens	Newton.	Eugene Schumo,	Laytons.
P. N. Jacobus,	Hainesville.	E. J. Westfall,	Beemerville,
W. H. Linn,	Hamburgh.	Jacob Whitaker,	Deckertown.
C. V. Moore,	Stillwater.	,	
No. Memb	ers. 29.		

Dicinocia, av.

UNION COUNTY.

(Society organized June 7, 1869.)

L. W. Oakley, Pres't,	Elizabeth.	C. H. Stillman,	Plainfield.
Elihu B. Silvers, Vice-F	re'st, Rahway.	Louis Braun,	Elizabeth.
Thomas N. McLean, Se	c'y, Elizabeth.	T. L. Hough,	44
J. A. Coles, Treas.,	Scotch Plains.	Robert Westcott,	46
D. W. C. Hough,	Rahway.	J. K. McConnell,	Cranford.
James S. Green,	Elizabeth.	J. S. Crane,	Elisabeth.
F. A. Kinch,	We st field.	A. Morrell Corey,	New Providence.

MEN	IBERS OF DIS	TRICT SOCIETIES.	18
Jos. S. Martin,	Elizabeth.	J. B. Probasco,	Plainfield.
H. H. James,	Rahway.	T. H. Tomlinson,	"
J. Otis Pinneo,	Elizabeth.	H. C. Pierson,	Roselle.
Alonzo Pettit,	44	Wm. K. Gray,	Summit.
Thomas Terrill, Jr.,	"	Sherman Cooper,	Westfield.
W. M. Whitehead,	66	E. V. Stryker,	"
Ph. H. Grier,	"	Charles A. Kinch,	44
William Gale,	Westfield.	F. B. Gillette,	Plainfield.
John S. Brosnan,	Elizabeth.	H. D. Burlingham,	"
S. E. Arms,	44	Victor Mravlag,	Elizabeth.
J. H. Grier,	4	David Schleimer,	"
W. Updike Selover,	Rahway.		
No. Members, 8'	7.	Thos. McLean,	Secretary.
	WARREN	COUNTY.	
	(Society organize	ed Feb. 15, 1826.)	
P. F. Brakeley.	Relmidere.	Henry H. Rinehardt.	Hona

P. F. Brakeley,	Belvidere.	Henry H. Rinehardt,	Hops.
8. S. Clark,	46	J. F. Sheppard,	Philipsburg.
John C. Johnson,	Blairstown.	H. S. Harris,	Belvidere.
P. F. Hulshizer,	Stewartsville.	Wm. M. Hartpence,	Oxford.
John S. Cook,	Hackettstown.	Henry Hulshizer,	Port Oram.
L. C. Osmun,	Delaware,	J. M. Paul, Jr.,	Belvidere.
Theodore Crane,	Hackettstown.	Wm. H. McGee,	"

HONORARY MEMBER.

James C. Fitch,

Hope.

No. Members, 14.

P. F. BRAKELEY, Secretary.

SUMMARY.

Bergen,	14	Monmouth,						24
Burlington,	24	Morris, .						18
Camden,	24	Passaic,						80
Cumberland,	17	Somerset, .						9
Essex,	57	Sussex,						29
Gloucester, (reported last year)	16	Union, .						87
Hunterdon,	16	Warren,						14
Hudson,	60						~	_
Mercer,	80	Totat	,				. 4	186
Middlesex,	17							

TRANSACTIONS

OF THE

MEDICAL SOCIETY OF NEW JERSEY.

THE ONE HUNDRED AND EIGHTH ANNUAL MEETING.

The Society met in the drawing-room of the Mansion House at Long Branch, on Tuesday evening, May 26, 1874, at 7.30 o'clock.

The President, Dr. Thomason, presided. Vice-Presidents Drs. Larison, O'Gorman and Schenck, and all the other officers of the Society, were also present.

Rev. James Lavelle, of Eatontown, upon invitation of the President, offered prayer.

The Committee on Organization, by the Secretary, reported the following as duly accredited delegates (Dr. R. W. Elmer acting on the Committee by appointment of the President:)

Bergen—R. Stewart,* H. C. Neer,* D. A. Carrie,* H. C. Cray*. Members, 14.

Burlington—L. Van Rensselaer*, Phineas R. Hillard*, Lewis Sharp*, R. H. Page*, E. P. Townsend. Members, 24.

Camden—H. C. Brannin, John R. Stevenson*, H. G. Taylor*, J. O. White, J. W. Hewlings, Jr.* Members, 25.

Cumberland—Joseph Shepard, Thomas E. Stathem, S. G. Cattell.* Members, 17.

Essex—Alex. N. Dougherty, J. J. H. Love, J. A. Cross, Charles Young, E. P. Nichols, A. W. Woodhull, C. J. Kipp, L. D. Ward. Members, 57.

Hunterdon—I. S. Cramer,* N. B. Boileau,* M. Abel. Members, 16.

Hudsont-J. H. Vondy, J. J. Burdett, T. F. Morris, H. Mitchell, S. R.

Forman, E. P. Buffett, J. W. Hunt, J. M. Cornelison, B. D. Carpenter. Members, 60.

Mercer—C. F. Deshler, J. J. B. Ribble, J. W. Ward, W. W. L. Phillips, R. R. Rodgers,* C. Shepard. Members, 30.

Middleex—Rush Van Dyke,* Charles H. Voorhees, D. C. English,* C. M. Slack.* Members, 18.

Monmouth—J. E. Arrowsmith, A. T. Applegate, D. McLean Forman, John Cooke, S. M. Disbrow. Members, 24.

Morrist—John S. Stiger, F. F. Saunders, P. A. Harris, John G. Ryerson. Members, 18.

Passaic—Orson Barnes,* A. W. Rodgers, J. C. Ameraux,* J. C. Herrick,* C. F. W. Myers, C. Van Riper.*. Members, 30.

Somerast-W. B. Ribble, D. C. Van Deursen, J. F. Berg. Members, 9.

Sussex—C. V. Moore,* J. Havens, T. H. Andruss,* E. J. Westfall,* D. M. Sayre. Members, 29.

Union—Thomas Terrill, Jr.,* L. W. Oakley, J. A. Coles,* Chas. A. Kinch, W. N. Selover, Sherman Cooper.* Members, 37.

Warren—P. F. Brakely,* Theodere Crane, Henry H. Rinehart,* S. S. Clark.* Members, 14.

Reporters—H. G. Taylor, C. W. Larison, D. C. English,* S. H. Hunt, T. N. McLean, J. L. Bodine, C. G. Garrison,* T. J. Smith,* E. Schumo,* Wm. Blundell,* J. B. Mattison, E. W. Buck.†

The Secretary stated that the Committee had in its possession two certificates of delegation from Hudson County, and asked to have the report upon Hudson delayed until after the Committee on Ethics had reported.

On motion of Dr. Ryerson, the report was accepted and adopted. Dr. Varick entered a protest against the adoption of the report, as it was incomplete.

Dr. Wickes, in behalf of the Standing Committee, offered the following, which on motion was adopted:

WHEREAS, The District Medical Society of Morris County has for many years ceased to maintain a complete organization, and has failed to send a representation to the State Society at its annual meetings, and in conse-

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^{*} Absent. † Reported subsequently.

quence thereof the Society has been suspended from the roll of Societies represented in the State Society; and

WHEREAS, the said District Society did on the 31st of December last reorganize, and after the election of new members, did, at an adjourned meeting, adopt a constitution and by-laws in accordance with the present constitution of this Society; therefore

Resolved, That the District Medical Society for Morris County be restored to the roll of Societies in connection with this Society.

Resolved, That the acredited delegates of the Morris District Society be now admitted to seats as members of this Society, upon conforming to the usual rules regulating the admission of delegates.

The following Fellows were present:

B. H. Stratton, Robert Smith, S. H. Pennington, Samuel Lilly, Thomas Ryerson, John R. Sickler, Wm. Elmer, J. Woolverton, T. R. Varick, E. M. Hunt, B. R. Bateman, T. J. Corson, Charles Hasbrouck, Franklin Gauntt.

The minutes of the last annual meeting were read, and having been corrected by substituting the name of Dr. R. H. Page for Dr. Pugh as the person who made the address of welcome at the meeting at Mount Holly, were adopted.

Hon. Wm. A. Newell, M. D., welcomed the Society as follows:

I have the honor of being delegated by the Medical Society of Monmouth County to bid you welcome, and to invite you to our hospitality. Our Society is one of the oldest in the State; its charter dating early in the century. Nearly every practicing physician becomes a member. We cultivate social intercourse; our relations are eminently fraternal, and we aim to attain for our Association a high standard of professional excellence. During my membership—and by the relentless lapse of years—I have been associated with gentlemen who would grace any position in medicine. It will not be deemed invidious for me to select as such from the list of the dead: the Woodhulls, Gilbert and John; Doctors Forman, Lewis, Allen, Blauvelt, Dayton and Cooke.

We welcome the State Society as our parental guardian, whom we reverence, and to whom we would accord the greatest honors. We welcome you, gentlemen, as members of the medical profession of New Jersey, to whose care is committed the health and lives of its citizens. We welcome

you as representatives of that great body of philanthropists to whom the civilized world is indebted for those grand discoveries and achievements in medicine and surgery by which human suffering is alleviated and human life made more secure and lengthened. You appreciate, gentlemen, the high duties which attend your mission. I know that they will be duly observed, and that your deliberations will be distinguished by that enlarged and liberal spirit which ever characterizes the true physician, that by your labors our dignity and importance will be enhanced, and the great interests of humanity subserved and secured. I shall not infringe upon the prerogative of my distinguished friend, the President, whose able address awaits you, but simply bid you welcome to our beautiful and healthful region, and venture the hope that your satisfaction will induce you, at no distant day, again to confide yourselves to our courtesy and care.

The President read the regular Annual Address, the subject of which was, "Medical Truthfulness."

On motion of Dr. Bodine, a vote of thanks was returned to the President for his able and interesting address.

The following committees were announced by the President:

Nominating Committee—L. W. Oakley, E. P. Townsend, H. E. Branin, T. E. Stathem, J. J. H. Love, M. Abel, T. F. Morris, C. Shepard, C. H. Voorhees, J. E. Arrowsmith, J. Stiger, C. F. W. Myers, W. B. Ribble, D. M. Sayre, Theodore Crane.

Committee on Unfinished Business—S. Lilly, J. E. Arrowsmith, H. G. Taylor.

Committee on Treasurer's Accounts—A. N. Dougherty, W. W. L. Phillips,
C. H. Voorhees,

On motion of Dr. Pennington, it was voted that the reading of the regular Report of the Standing Committee be deferred until the morning session. The Standing Committee, as the Committee on Ethics and judicial business, by the Chairman, Dr. Wickes, reported in full upon the subjects referred to it at the last meeting. The report and its conclusions were accepted by the Society as final. (Appendix No. I.)

On motion of Dr. Pennington, it was voted that the mem-

bers of the profession who are present from Hudson County be invited to seats as corresponding members, during the sessions of the Society.

On motion of Dr. Lilly, it was voted that a similar courtesy be extended to all the members of the profession residing in this State who may be present.

Dr. E. Wildman, of Bucks County, Pennsylvania, being present, was also invited to a seat as corresponding member.

The Committee on Organization reported the following as the accredited delegates from Hudson County (see above). Also E. Buck as the reporter. Dr. Morris was appointed on the Committee on Nominating Officers.

On motion, the Society adjourned to meet to-morrow morning at nine o'clock.

MORNING SESSION.

Nine o'clock. The Society re-assembled. The President occupied the Chair.

Before the regular order of business, was commenced Dr. Schenck, of Camden, arose and formally announced the news of the death of Dr. R. M. Cooper, of Camden, a Fellow of this Society. The death occurred on Sunday last, the immediate cause of which was uræmic convulsions. Dr. Schenck spoke of the high respect and esteem which the profession of Camden, and the community in general, had ever held toward Dr. Cooper. The funeral, he announced, would take place to-morrow, and in behalf of the committee of arrangements of the Camden District Medical Society, he would extend an invitation to this Society to attend.

Drs. Pennington and E. M. Hunt spoke very sympathetically of their long acquaintance with Dr. Cooper, which had ever been most cordial and friendly; they spoke of his worth as a physician, and especially of his untiring devotion to

everything pertaining to the prosperity of the Medical Society of New Jersey.

On motion of Dr. Pennington, it was voted that a committee be appointed to draft resolutions expressive of the sentiments of this Society in regard to the death of Dr. Cooper. Drs. Pennington, E. M. Hunt and Lilly were appointed as the committee.

Dr. Newell, in behalf of Dr. Conover, invited the Society to partake of a collation at the Metropolitan Hotel, to-day, at 12 o'clock, M. The invitation was accepted.

Dr. Wickes, Chairman of the Standing Committee, read the annual report, which was received and referred to the Committee on Publication.

On motion of Dr. Bodine, it was voted that the report of the Committee on Ethics, which was read last evening, be also referred to Committee on Publication.

The Committee on Fee Bill read its report, which was accepted.*

Dr. Love moved its adoption.

Dr. Forman moved to amend the report by increasing the fee for the administration of anæsthetics to \$10 to \$100.

The amendment was adopted, and the report as amended was also adopted.

The Committee on Resolutions in reference to the death of Dr. Cooper, reported the following, which were adopted:

Resolved, That the Medical Society of New Jersey has received with unfeigned regret the intelligence of the death, on the 24th inst., of Dr. Richard M. Cooper, late a Fellow of the Society, and at the time of his decease President of the District Medical Society of Camden, one of the county organizations in affiliation with this Society.

Resolved, That this Society records with saddened satisfaction the exalted estimate its members have learned to entertain of the accomplishments and professional attainments and skill of the deceased; and that they will cherish

^{*} Published in the book of the Charter and By- Laws of the Society.

in ever grateful remembrance the genial qualities and manly virtues of which in his life and character, all who have had the privilege to know him, have recognized their highest exemplification.

Resolved, That this Society tender to their brethren of the District Medical Society of Camden, and through them to the profession at large, the expression of their profound sense of the loss that medical science and suffering humanity have sustained in the dispensation of Providence which, doubtless in wisdom and love, has removed from the scene of his earthly labors an associate who so faithfully served the one, and so nobly illustrated the other.

Resolved, That the Corresponding Secretary communicate the respectful sympathies of the members of this Society to the family of the deceased, and their regret that they are not permitted around the unburied remains of their beloved brother to drop the tear of afflicted friendship in the flood of bereaved affection, and unite on the morrow in the demonstrations of respect which shall be paid their late associate by a stricken community, whose material prosperity he contributed so largely to promote, whose social circles he adorned with the graces of liberal culture, whose institutions of education and charity he loved to foster, and in the midst of which he maintained an exemplary and consistent Christian deportment, and illustrated his chosen profession by a conscientious discharge of its laborious duties with a generous disregard of its emoluments, by devoting his personal efforts and pecuniary means to its advancement, by a jealous and watchful interest in whatever concerned its honor, and by a courteous observance of the proprieties that should regulate professional intercourse.

Resolved, That a committee, consisting of the President and such members of the Society as he may associate with him, be delegated to represent this Society at the funeral services to be held at Camden to-morrow, the 28th inst., at 11 o'clock A. M.

Resolved, That these resolutions be recorded on the minutes and published in the Camden county papers.

The Corresponding Secretary read his report, which was accepted. (See Appendix No. II.)

The following bills were presented, and on motion it was voted that they be paid:

Standing Committee\$431	46
S. Wickes, Chairman, &c	00

J. M. Reuck	\$ 5 00
Recording Secretary	11 60
Corresponding Secretary	8 90
Murphy & Bechtel	75

The Treasurer made his annual report, which was received and referred to Committee on Treasurer's Accounts. (See Appendix No. III.)

The Committee subsequently reported as follows:

Long Branch, May 27, 1874.

The Committee have examined the accounts of the Treasurer and find them correct. They would recommend that the assessment be raised from \$1.50 to \$2.00 per capita for the members of the District Societies.

A. N. DOUGHERTY, W. W. L. PHILLIPS, Committee. R. H. VOORHEES.

The report was accepted, and the recommendation that the assessment for each member of the District Societies be two dollars for the next year was adopted. The report of the Treasurer was also adopted.

Dr. Larison, delegate to the Medical Society of Pennsylvania, and Dr. Pumyea, delegate to the Medical Society of Rhode Island, read their reports, which were received. (See Appendix Nos. IV and V.)

Dr. O'Leary, representative from the Medical Society of Rhode Island, and Dr. Newman, representative from the Medical Society of New York, being present, were formally introduced to the Society. The President addressed them as follows:

GENTLEMEN DELEGATES OF SISTER SOCIETIES:

As the President of the State Medical Society of New Jersey, it is my pleasing duty to welcome you. In my own behalf, and that of my brethren, I do this most fraternally. Welcome, gentlemen, to our State; welcome to our favorite Summer resort, where from all parts of our land are annually gathered thousands to enjoy its invigorating air and healthful recreations.

Welcome to our council chamber; welcome to our hearts. Your presence cheers us; your smiles gladden; your friendship strengthens; your counsels will instruct. A thrice welcome greets you.

The representatives responded—Dr. O'Leary, in behalf of the Rhode Island Society—as follows:

MR. PRESIDENT: I thank you cordially for the welcome offered to me as delegate from the Medical Society of Rhode Island. I am happy, indeed, to have the honor of being delegate to New Jersey, and return the greetings of the Medical Society of Rhode Island to the sister Society of New Jersey. I am happy for having this honor. I am happy, too, to have the opportunity of making the personal acquaintance of the Society. And you will pardon me if I state, candidly, that my chief pleasure is in renewing acquaintances formed amid the hardships of war with some members of your body. It was my privilege in the war, in the responsible position in which I was placed, to have New Jersey surgeons. I found them men on whom I could rely in all emergencies, and I relied upon them; and be assured, gentlemen, that they honored you as much in their art, as your soldiers honored your State on the battle-field. Excuse me for recurring to these pleasant reminiscences.

As a delegate from our Society, I must state that I shall carry back a report of proceedings here, such as I hope will stimulate our Society to greater zeal and effort to emulate yours. We work well; we have no names brilliant in medical literature, but we pursue the quiet tenor of our ways, and though we may not add much to, we will not detract from, the progress of the profession. And if medical literature is not indebted to us, we hope the community has no reason to complain of want of skill, want of attention, or want of zeal exhibited in the treatment of disease. I thank you again for your cordial welcome, and I hope that my report of proceedings here will be such as to insure to your meetings an annual delegate from Rhode Island.

Dr. Newman, in behalf of the New York Society, responded as follows:

Many thanks, Mr. President, for the grateful welcome, and for the kind sentiments uttered.

Gentlemen of the Medical Society of New Jersey, I feel deeply indebted to you for the warm reception, and your kind hospitality, which echoes in my heart with the sincere wish to make your delegates at home in Albany at our annual meeting.

I freely confess, that at our last meeting I had done nothing for your delegates, and for such neglect plead guilty. But every criminal pleading guilty, appeals at the same time for a recommendation for "mercy," particularly if there are mitigating circumstances. And such is my case, when I tell you why I did not do anything for your delegates. The reason was: they did not come to our meeting!

Gentlemen, I acknowledge I have longed for the honor to be the bearer of fraternal greetings and cordial salutations to your honorable body from the New York State Medical Society, and with all my heart I congratulate you on your one hundred and eighth birthday. May our kindred Societies ever be knit together by the closest ties. May the bonds of obligations grow stronger, and the kindly feelings increase between our Societies, as, even nature indicates by its geographical boundaries. May the spirit of emulation and scientific rivalry ever actuate us, that we may stand pre-eminent in the good work of progress and civilization.

Notwithstanding that your State is bounded and almost wedged in by the two largest cities in the Union, you have succeeded well in a superiority in many ways. Eight years ago you celebrated your centennial, a jubilee of which Philadelphia will have a hard delivery in two years. New York bows with reverend feeling to your seniority, which makes you almost our grandparents. And we must acknowledge that we have to come come to New Jersey in order to breathe the fresh air on the beach of Long Branch. And here the swallows have arrived at the Summer capital of the Union in advance of the President. The season is fairly inaugurated, which is a good omen for the extent and prominence of life for the coming Summer.

I, myself, am under obligations to you for the kind hospitality I enjoyed in Paterson two years ago. I was warmed by your scientific discourse, I was electrified by your strict, honest ruling, according to the code of medical ethics; and now I will try to pay back a few electric sparks, which I have brought you in this apparatus, which I shall be happy to exhibit to you.

I introduce myself to you by lightning; your olfactories will perceive a peculiar smell like brimstone. If I leave you to make your own inference, I may fairly retire.

[He then exhibited and demonstrated his new electric apparatus for generating ozone for inhalations, and the electric spark indicator, for treating neuralgic and rheumatic

affections. The instrument consists of a large galvanic battery, a Ruhmkorff coil of 6,000 convolutions, and the tubes in which the oxygen is transformed into ozone by the electric sparks. A magnet is also put in operation by the electricity, which brings and keeps a windmill arrangement in perpetual motion, and this propels the air or oxygen into the tube, and forces the ozone out at the other side of the tube.]

The Committee on Unfinished business reported as follows:

To the Medical Society of New Jersey:

Your Committee on Unfinished Business find nothing requiring the attention of the Society, except it may be the report on the Fee Bill, which was referred again to the Committee which reported it.

Respectfully submitted,

S. LILLY,
N. G. TAYLOR,
J. E. ARROWSMITH.

The report was accepted.

Dr. J. L. Bodine nominated Prof. William Pepper, M. D., of Philadelphia, for honorary membership. The nomination was received, and referred to the following committe: Drs. Bodine, Wm. Elmer and H. G. Taylor.

Dr. Schenck, the Third Vice-President, read an Essay, the subject of which was "Obstetrical Forceps."

Dr. C. J. Kipp, the appointed Essayist, read a paper on "Affections of the eye from small-pox."

The thanks of the Society were voted to Drs. Schenck and Kipp for their instructive papers.

On motion of Dr. Pennington, it was

Resolved, That the Standing Committee be directed to publish in the Transactions for 1874, the President's Address, the regular report of the Standing Committee, the Essays, and such other papers as they deem proper for publication.

On motion of Dr. Lilly, the resolution referring the report of Committee on Ethics to Committee on Publication was reconsidered, and on motion of Dr. Bodine, the following was substituted for it:

That the report of Standing Committee as a Committee on Ethics be

referred to the Committee on Publication, with discretion to publish such portions as it may seem proper.

The President appointed Drs. J. W. Ward, of Trenton, and R. M. Bateman, of Cedarville, as Essayists for the next meeting of Society.

On motion, a recess of a half-hour was taken.

12.30 P. M.—The Society resumed business. On motion of Dr. E. M. Hunt, it was

Resolved, That the Standing Committee be requested to procure, as far as possible, the Transactions of our State Society, as published in the medical press previous to 1859.

On motion of Dr. Wickes, it was

Resolved, That the series of our Transactions now in the hands of the Standing Committee, be bound into volumes, and that they be directed to present the same to the Historical Society of New Jersey, as the donation of this Society.

The following was received, and on motion of Dr. Ryerson it was voted that a commission be issued:

To the Medical Society of New Jersey:

We, the subscribers, practicing physicians of the County of Ocean, and State of New Jersey, do hereby apply to the Medical Society of New Jersey for the purpose of organizing a Society of physicians and surgeons, to be called the District Medical Society for the County of Ocean, in the State of New Jersey, to be located at Toms River, the County Town. And we do hereby agree to form ourselves into a Society, auxiliary to said State Society, for the purpose of advancing the science of medicine, and its collateral branches; and to establish a unity of feeling and medical etiquette among the members of our profession.

EPHRAIM MARSTARD, M.D., P. H. HILLIARD, M.D., R. L. DISBROW, M.D., J. C. SCHUREMAN, M.D., AMOS SHAW, M.D., C. O. GORDON, M.D., D. C. CHASE, M.D.

On motion of Dr. T. W. Oakley, it was

Resolved, That the Medical Society of New Jersey hereby cordially unites with the American Medical Association, and with the very many Medical Societies throughout the country, in the memorial to Congress in support of a Bill now before that honorable body to increase the efficiency of the Medical Department of the Army of the United States.

Resolved, That this Society regards it an act of justice that the members of so important a branch of the service, gentlemen of the highest personal and professional character, who have added lustre to their profession both at home and abroad, should hold a rank and enjoy endowments equivalent to that of other staff corps of the army.

Resolved, That the members of Congress from this State be respectfully urged to use their influence in support of the Bill referred to, and that a copy of the above resolutions be forwarded to each of them.

The Nominating Committee reported as follows:

President—G. H. Larison, Lambertville.

First Vice-President-Wm. O'Gorman, Newark.

Second " -J. V. Schenck, Camden.

Third "—H. R. Baldwin, New Brunswick.

Corresponding Secretary—Wm. Elmer, Jr., Trenton.

Recording Secretary-Wm. Pierson, Jr., Orange.

Treasurer-W. W. L. Phillips, Trenton.

Standing Committee—S. Wickes, Orange; S. C. Thornton and Thomas Ryerson.

Delegates to American Medical Association—C. Hodge, Jr., S. Lilly, C. J. Kipp, T. F. Cullen, R. W. Harris, O. Barnes, George Goodell, T. J. Thomason, S. R. Forman, Frank Sanders, John Blaine, Leslie Ward, J. J. B. Ribble C. H. Voorhees, T. F. Morris, Wm. Elmer.

Delegates to Medical Society of Pennsylvania—C. F. Deshler, B. A. Watson, J. O. White.

Delegates to Medical Society of New York—A. N. Dougherty, T. J. Corson, D. McLean Forman.

Delegates to Medical Society of Rhode Island—T. H. Studdiford, A. W. Woodhull, J. H. Pugh.

Delegates to Medical Society of Connecticut—J. W. Rodgers, J. H. Vondy, John Vought.

Delegates to Medical Society of Massachusetts-J. L. Bodine, P. H. Brakely, . E. J. Marsh.

Delegates to Medical Society of Maine—R. R. Rogers, Samuel Clark, John Blane.

The Committee nominated Atlantic City as the place for the next annual meeting.

The report, on motion of Dr. Pierson, was accepted. Atlantic City was agreed upon as the place for the next meeting, and the delegates nominated by the Committee to the respective Societies in correspondence with this Society, were duly appointed by the Society.

An opportunity having been offered for other nominations, the Society proceeded to the election by ballot of the officers of the Society for the ensuing year, which resulted in the choice of the ticket as nominated by the Committee.

Drs. Oakley and Deshler acted as tellers.

It was voted that the hour for the next annual meeting be 7.80 P. M.

It was voted that five hundred copies of the Transactions be published.

It was voted that the new edition of the Constitution and By-Laws of this Society be published in pamphlet form, under the supervision of the Recording Secretary.

On motion of Dr. Oakley, it was

Resolved, That the thanks of the Medical Society of New Jersey are hereby gratefully tendered to the Monmouth County Medical Society for the generous provision made for our entertainment at Long Branch, and also for the hospitalities extended to us by Dr. A. V. Conover, and by our host of the Mansion House.

Drs. J. V. Schenck, T. F. Cullen, J. W. Snowden, H. G. Taylor and J. R. Stevenson were appointed a committee of arrangements for the next meeting of the Society. The committee was given power to add to its number.

On motion, the Society adjourned.

WM. PIERSON, Jr.,

Recording Secretary.

APPEDNIX TO THE MINUTES.

[NUMBER I.]

ABSTRACT OF REPORTS on an "APPEAL" and "MEMORIAL," presented to the Society at its Annual Meeting in 1873, and by it referred to the Standing Committee, as its Constitutional Committee on Medical Ethics and Judicial Business:

1st—An Appeal to the Medical Society of New Jersey from the decision of the District Medical Society of the County of Hudson, by which twelve members were expelled:—

The undersigned respectfully appeal to the Medical Society of New Jersey, and request that the decision of the District Medical Society, for the county of Hudson, by which they were expelled in October, 1872, be reversed, and that they be reinstated, for the reason that their expulsion

was unjust, and in violation of the constitution of their Society.

They submit that their expulsion was unjust, because they had been guilty of no crime, nor of unprofessional conduct. The only charge alleged against them was membership of the Hudson County Pathological Society. This Society is composed entirely of regular graduates, and has, every year of its existence, been represented by delegates at the regular meetings of the American Medical Association. The objection of the District Medical Society, however, was the fact that two of its members had been rejected applicants for admission to their own Association.

The undersigned state that their connection with the Pathological Society was formed when there was no rule either of State or District Society prohibiting consultation with rejected applicants. They submit also that membership in a Society with rejected applicants cannot be considered as

equivalent to professional consultation with them.

They assert, also, that their expulsion was illegal as well as unjust, because it was in violation of the spirit and letter of the constitution of their Society, even after the constitution had been altered at meetings, when only a small minority were present, with the design of facilitating expulsion.

The constitution was violated in the following particulars:

1st—No definite charges were made against nor presented to those expelled.

2d—No trial occurred before the Society, no evidence was presented, nor were members of the Society allowed any discussion upon the subject of expulsion.

3d—No notice was sent to the accused, that their cases would be the subject of consideration at the meeting at which they were expelled, neither

was any notice afterward sent to them of their expulsion.

4th—Although twelve were accused, no one of them was allowed a vote with reference to any of the rest, nor to make any defence either of himself or others.

5th—The majority of the Society, who were opposed to expulsion, have been prevented from the exercise of their rights, by the intrigue of a misority.

The undersigned, therefore, respectfully request that the Medical Society of New Jersey, will, without delay, reverse the decision of the District Society for the county of Hudson.

(SIGNED BY TWELVE MEMBERS OF THE SOCIETY.)

REPORT—Abstract.

INJUSTICE AND UNCONDITIONAL PROCEDURE FORM THE GROUND OF COMPLAINT.

The history of the preliminary events, relating to the act of expulsion, is as follows:

At a regular meeting of the District Society of Hudson county, held November 19th, 1860, a practitioner of medicine in Hudson county was proposed for membership. At the next regular meeting in December, he was unanimously rejected. In June, 1868, he was again proposed for membership, and was, at a subsequent meeting, rejected. At the same meeting, of July 7th, 1868, the following resolution was adopted:

"WHEREAS, Dr. * * * has been rejected by the Society; therefore, Resolved, That it will be considered a violation of the Code of Ethics for any member of this Society to meet or consult with him professionally, or any other applicant who may hereafter be rejected."

After the adoption of this resolution, more than two years elapsed, when in February, 1871, an Act was passed by the legislature of New Jersey, creating a body corporate, under the name of the Hudson County Pathological Society, naming fifteen corporators, (of whom the rejected applicant was one,) seven of the others were members of the District Medical Society.

The objects for which this Society was created, "are for the advancement of the science of medicine; the instruction of its members in Pathology, and diagnosis of disease and the treatment thereof; and the preservation of rare and valuable pathological specimens." Its discipline requires that all questions of ethics shall be adjudged in accordance with the Code of Ethics of the American Medical Association. It consists of active and honorary members; among the former is found one of the honored Fellows of the Medical Society of New Jersey, and among the latter are highly-

esteemed members of the profession, of the city of New York. From the date of its organization to the present time, it has been represented by its delegates at the meetings of the American Medical Association.

This history furnishes all the material facts upon which the act of expulsion is based. The notice of trial is to appear, &c., "to explain your connection with an Association called the Hudson County Pathological Society," and the formal charges made are for violating and dishonoring the rulings and Code of Ethics of the District Society of Hudson county, as declared in the resolution of July 7th, 1868, claiming it to be inconsistent for any member of the Society to meet or consult with Dr. * * * professionally. The misconduct, in brief, is professional meeting and consulting with a rejected applicant for membership in the District Society.

Waiving all other considerations connected with this branch of the appellant's case, the committee deem it sufficient to declare that this resolution, of July, 1868, is a violation of the by-laws of the Medical Society of New Jersey. Sec. 2, Chap. III, of the laws, provides that the by-laws, rules and regulations of each District Society, cannot in any instance be contrary to any law of the Medical Society of New Jersey; and the last Art, (VIII.) of its constitution reads as follows: "This Society adopts the Code of Ethics established, or that may be hereafter established, by the American Medical Association." The Code of Ethics of the American Medical Association, Art. IV, Sec. 1, declares that no intelligent practitioner, who has a license to practice, from some medical board of known and acknowledged respectability, recognized by the Association, and who is of good moral and professional reputation in the place where he lives, shall be fastidiously excluded from fellowship, or his aid refused in consultation." The fair interpretation of the term 'fastidious,' is over-nice, or ethically righteous over-much.

The District Societies, under our existing laws, have the right to choose their own members, and to reject an applicant for membership for any cause; but they have not the right, nor has any Society or Association in affiliation with the American Medical Association, the right to supplement the Code of Ethics, which is designed to regulate the relations of the profession as a whole, by any rules or regulations which shall impose penal restrictions upon members of the same, which are purely local in their operation. The code is violated by any provisions whatever added to or taken away therefrom. The ruling under review, and that on which alone the act of expulsion is based, forbids the professional association of the members of the District Society with a practitioner, who, it is admitted, is obnoxious to

the majority. He is, nevertheless, a member in good standing, of the American Medical Association. He enjoys the professional recognition of members of our own State Society. He associates in professional consultation with honorable medical men in the city of New York. Superadded to all this, it does not appear that he has ever been convicted of violations of our ethical code, or had an opportunity to meet regular charges before any competent tribunal. The committee, therefore, deem it fair to conclude that prima facie, such a man has a good professional reputation in the place where he lives, and to exclude such a one from professional fellowship, is a 'fastidious' exclusion. It is a principle of common law, that the by-laws of a corporation must be reasonable, not nugatory, vexatious, unequal, oppressive, or detrimental to its interests. The ruling under consideration violates the common law, is contrary to our Code of Ethics, and contravenes the rules and regulations of the American Medical Association. It is, therefore a nullity.

There is another consideration connected with this so-called ruling, which is fatal to its validity. The process does not proceed upon the infraction of a low of the Society. It is based upon a resolution presented and adopted in the ordinary way, declarative of the sentiments of the Society, upon the Code of Ethics. That the members of the Society themselves lacked confidence in its propriety, is exhibited in its subsequent history, for at the next monthly meeting after its adoption, it was moved that it be stricken from the records. The motion called forth discussion, and was lost. But on the 5th of April, 1870, the resolution was expunged from the minutes by a formal vote of ayes and nays. About two years thereafter, it was again, by an ordinary vote, restored to the minutes.

The resolution is, in substance, as follows:—That it will be considered a violation of the Code of Ethics, for any member to meet or consult professionally with any applicant who shall be rejected by the Society. That is to say, the Society, accepting the code as it stands, resolved that it will so interpret its provisions, that professional intercourse with a certain person or persons, shall be deemed by it to be irregular. It has been shown that the Society cannot, in any manner, add to or take from the code any of its enactments; and the resolution that it will put upon it a false interpretation is without force, and carries with it no penalty.

The second complaint of the appeal is unconstitutionality of judicial procedure.

The constitution of the Society provides for its discipline, in the case of the appellants, as follows: Art. III directs that five members, other than

the officers for the time being, shall be elected annually, who, together with the officers of the Society, shall constitute a body called the *Comitia Minora*. The officers of the Society being ex officio the officers of this body; they shall meet at the call of the President, and five members shall constitute a quorum. It shall be the duty of the *Comitia Minora* to investigate all breaches of medical ethics which shall be laid before the Society, and report their proceedings thereon; and the acceptance and adoption of their report shall be decided without debate.

Art. VI, which embraces the code of judicial process, is as follows: "If any member of this Society shall be accused of immoral or unprofessional behaviour, specified in a written communication signed with the name of the accuser, in his own handwriting, he shall forthwith be summoned by the Secretary to appear before the next regular meeting, to answer the charges so preferred. If, after ample opportunity for defence, he be found guilty of the misbehaviour charged as aforesaid, then at the discretion of the Society, he may be censured, suspended or expelled by a concurrent vote of threefourths of all the members present, the accused excepted." "If any member or members shall counterwork the objects or rulings of this Society, contumaciously dishonor its rulings or code of ethics, seek to imperil its existence; or shall conspire or confederate with another member of the Society, or with any other person or persons, or aid or abet to do the same: such acts, or either of them, having been satisfactorily proved to the members of this Society, he or they may be summarily suspended or expelled by a concurrent vote of two-thirds of all the members present at any regular meeting, the accused member or members excepted."

A review of the constitutional mode of actual process in the case of offending members, compared with the proceedings had in the case of the appellants, will afford a test as to the validity of the same.

Art. VI of the Constitution provides that the *first* act of process is a written communication, signed by the accuser in his own handwriting, preferring charges against the accused. The *second* step is a summons to the accused by the Secretary of the Society, to appear before the same at its next regular meeting, to answer the charges so preferred. The *third* step is his trial by the Society; and if, after being afforded ample opportunity for his defence, he is found guilty, he may be suspended, censured or expelled by a concurrent vote of three-fourths of all the members present.

For the purpose of facilitating the process of trial, a body is created by the Constitution, called the Comitia Minora, composed of the officers of the Society and five other members. The functions of this body are to investigate all breaches of medical ethics which shall be laid before the Society, and report to the Society the result of their proceedings in the cases so laid before them; and the acceptance and adoption of their report shall be decided without debate.

A careful consideration of the proceedings in the case of the appellants, and of the testimony relating thereto, presented by the parties concerned, impress the Committee with the unanimous conviction that the act of expulsion of which the appellants complain, is contrary to the letter and spirit of the Constitution of the District Society, and for the following reasons:

1st. The charges preferred against them did not originate with the Society. The first action taken in their case was by the Comitia Minora, which met without direction of the Society, and before any charges were laid, on the 6th of September, 1872, when a resolution was adopted, setting forth that certain members were derelict, and that they be summoned to appear before them, the Comitia Minora, to answer; and by a strange misapprehension of the express provision of the Constitution, the Secretary of the said Comitia Minora was instructed to present their resolution to the District Society as accuser of the said derelict members. Four days after this proceeding, (September 10) a special meeting of the Society was held, being called by the Comitia Minora through its President, who is also President of the Society. The minutes of this meeting show no record of any charges made by an accuser over his own signature, but a copy of the resolution of the Comitia Minora, passed four days before, and signed "J. D. McGill, Secretary, by order of the Comitia Minora." The Committee declare that the Comitia Minora transcended their functions in their action of September 6th. Their duties were perfunctory, and related to charges first laid before the Society in a distinctly defined form, and which when referred to them should receive due investigation, to be reported to the Society for its action. They were created, not as a star chamber to hunt professional heresy, originate charges, and assume jurisdiction, but as a convenient committee, to examine into and report upon professional misconduct, for the purpose of facilitating discipline in the Society. The unavoidable conclusion concerning the powers of this Comitia Minora, as interpreted by the Society, is that it is an unconstitutional body, because it deprives an accused person of the inalienable right of defence before the tribunal which is to decide his case.

2d. No accusation in constitutional form was presented to the Society against the accused members. Dr. McGill, Secretary, the so-called accuser in behalf of the Comitia Minora, failed even in the semblance of acting accu-

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ser, as the minutes of the Society show that his only agency in the case was the clerical act of reading to the Society the proceedings of the Comitia Minora, and a summary of the evidence taken before that body.

3d. The appellants, in their evidence before the Committee, deny that they received notice of trial before the Society, and no notice or summons to appear was proven by the respondents.

4th. The accused had no opportunity afforded them for defence before the Society.

5th. They were expelled under the second paragraph of Article VI of the Constitution of the District Society, which, at the last meeting of the State Society, was declared to be unconstitutional. It provided for a summary process without opportunity for defence, without notice to the accused, and without express provision made for his hearing. The Society could proceed to a summary expulsion, regardless of the rights of the accused. It was void, and all proceedings under it were void, ab initio.

The Committee respectfully submit the above considerations, with their unanimous decision that the act of expulsion set forth in the appeal is null and void, and that the complaint of the appellants of injustice and unconstitutionality of procedure is sustained. They are therefore entitled to all the rights and privileges of members of the District Medical Society for the County of Hudson.

2d.-MEMORIAL

To the Honorable the New Jersey Medical Society:

This Memorial, from the District Medical Society of the County of Hudson, respectfully shows—

That a division has been attempted in said District Society, several of its members having seceded and holding separate meetings, at which they claim to be the District Medical Society, and as such to depose and elect officers, and transact other business; that they have unlawfully possessed themselves of the minute book of the Society, and refuse to return it to the Secretary; that they assert the right to try and expel members, and do all other acts which the Society may do, to the manifest injury of the Society and of its objects; that to present the said matters clearly before the State Society, we submit the following

STATEMENT OF FACTS:

On March 4, 1878, a regular monthly meeting of the Society was held at the stated place of meeting. After the order of "new business" had been reached, and sundry motions had been made in it, it was moved by Dr. Culver that the Society do now adjourn to the District Attorney's office, in the Court House, (the Society being at the time sitting in an adjoining building.)

At the time this question was put by the President, Dr. Miller, twenty-six

members besides the President were present.

Seven may have voted in favor of the motion—Drs. Varick, Culver, Wat-

son, Benson, McGill, McLaughlin and McBride.

Fifteen certainly voted against it—Drs. Vondy, Lutkins, Forman, Morris, Hunt, Craig, Veirs, Prendergast, Mitchell, Cornelison, Buffett, Noble, Burdett, Geiseler and Avery, and four more it is believed voted against it, or would have done so on a division, viz: Drs. Case, Van Houten, Paul and Morgan.

Inasmuch as several of the above members are contended by the seceding party to have been incapable of voting, because they were expelled at a previous meeting, in a manner which the majority of the Society has declared by vote illegal and void, it is proper here to observe, that of the fifteen votes above stated against the motion to adjourn to District Attorney's office, the six last named were members who had been so expelled and afterwards reinstated; and of the four named as opposed to the motion if a division had been had, the one last named was such a member.

So that the right of those gentlemen to vote as members does not come into question, as, without counting them, there was a clear majority who

positively voted no.

It may also here be stated, that the following members were not present at the putting of the question, though they had been in the room at some time before, during the meeting, viz: Drs. Buck, Paine, Field, Abernethy,

Gilman, Bock and Everett.

Notwithstanding what appeared to many a clear preponderance by sound of the negative voices, the President declared the motion carried. Immediately upon his announcement, several members desiring a division or other means of getting at an accurate count of votes, Dr. Vondy appealed from the announcement of the President. The President heard him, and made partial reply, and at once, without putting any appeal, or ordering any division, left the room, accompanied by the seven members who had voted in favor of the resolution, Dr. Vondy still having the floor.

As they passed out, Dr. McGill went to the Secretary's desk, where the Secretary sat with the minute book lying on the desk before him, and his arm resting on the book. Dr. McGill seized the minute book and snatched it away, and it was either by him or some one else passed outside to Dr. Varick, who at once got into his carriage and drove off with it. It has never been returned to the Secretary, nor has the Society obtained control of it since; but it is understood that Dr. Varick afterwards handed the book, with some papers which were with it, to Dr. Miller, the President, who still withholds it from the Society and from the Secretary, its proper custodian.

Nineteen members remained, (twelve, not counting those re-instated, as above alluded to), and having appointed a chairman, pro tempore, proceeded to transact such other business as came up, at the close of which, they adjourned in the ordinary manner. The Society since then has held its regular meetings, on notices sent as usual, and also such special meetings as were called.

Since they left the room during the meeting of March 4th, the then President, Dr. Miller, and the gentlemen who left with him, have not attended any of the meetings of the Society, but have, as is understood, held meetings, as stated hereinbefore, and have asserted that they constitute the Society, with such as choose to adhere to them.

At an adjourned meeting held on March 11th, in continuation of the meeting held March 4th, the Society conceiving that by the above stated action on the part of Dra. Culver, McGill, Miller, Benson, Watson and Varick, — those members were manifestly guilty of open commission in the presence of

the Society of such offences as are included in paragraph 2, article VI of the Constitution of Hudson County District Medical Society, (to which reference is made,) proceeded to expel them upon charges made and evidence given, acting thereon summarily, as is therein authorized and provided for, and they were accordingly expelled.

The Society now ask the assistance of the State Medical Society in the expression of its opinion, or other recognition of this District Society, and refusal to recognize the seceders as such Society. And also such order or expression of opinion in regard to the restoration of the minute book as may be deemed expedient, and the issuing to this Society of a duplicate charter, the original being in possession of Dr. Culver, who declines to deliver it up to the Secretary.

J. M. CORNELISON, M. D.,
J. W. HUNT, M. D.,
THEO. F. MORRIS, M. D.,
J. H. VONDY, M. D.,
SAMUEL R. FORMAN, M. D.

REPORT-Abstract.

The history of the disruption of the Hudson District Medical Society is as follows:

The Society met in regular convention on the 4th of March, 1873, thirtyfour members present. When, in the regular course of proceedings the 10th order (new business) was reached, Dr. Vondy presented and read a communication, signed by himself as accuser, according to the provisions of the Society's Constitution, preferring charges against certain members of the Society. Dr. Morris moved that the Society accept the charges, and immediately proceed to trial, which motion was seconded. Dr. Culver now read a communication charging improper acts upon certain members of the Society, and moved that it be received as an amendment or substitute to Dr. Vondy's charges. The evidence furnished the Committee leaves the disposition, by the Society, of this Culver amendment in some doubt. The minutes of the Society represented by the memorial, state that it was rejected by the Society. The statement of the opposite party is that it was carried. The next step, and immediately following the disposal of the Culver amendment, Dr. Culver arose and moved an adjournment, reading from a paper which he had in his hands, and which, he admitted, he had brought with him to the meeting, the following words: "Mr. President, I move that the District Medical Society for the County of Hudson, N. J., do now adjourn to meet immediately in the District Attorney's room in the Court House in Hudson Co., N. J.' This motion was seconded, and the question immediately put by the President, and declared by him to be carried. An appeal from the decision of the President was moved by Dr. Vondy, and was seconded. The President did not notice the motion to appeal any further than to say something indefinite about "your appeal, Dr. Vondy," and then added, "Gentlemen, this meeting is adjourned; I regard you all as a band of disorganizers." At this point of time, Dr. McGill approached the Secretary from behind, and forcibly wrested the book of records from his possession as it lay upon the table with his arm resting upon it. It was passed by Dr. McGill, amid much opposition and confusion, to Dr. Watson, who, unable to get out of the room with the book in his possession, threw it out of the door to Dr. Varick, who caught it up and passed with it into the street. Confusion and riot now reigned until the President and others associated with him had left the place of meeting. The members who remained returned to their seats, and reorganized the Society by the election of a President pro tem. The names of those present were noted to the number of nineteen. The names of those who withdrew with the President were also noted and numbered eight. A few members had retired from the meeting before the rupture occurred.

The evidence which was laid before the Committee discloses a long history of differences among the members of the Society, upon various matters in dispute, a consideration of which would be germain to the question raised in the Memorial as to which branch of the Society shall be recognized as legitimate. The Committee believe, however, that the proceedings of the meeting of March 4th furnish all the elements necessary to a decision of the question. For this purpose they notice—

1st, That the proceedings of the Society were regular down to the point of time when Dr. Morris' motion was made and seconded to accept the Vondy charges, and proceed to the trial of the accused. This motion was now before the house. An amendment was now offered by Dr. Culver, which was voted upon and passed, as the respondents unanimously declare, and was lost, as the other party testifies. If the amendment was carried, then the original motion, as amended, was before the house. If it was rejected, the original motion was still the subject under consideration. In either case the Morris motion took precedence of any new motion. At this point of time in the proceedings, Dr. Culver moved "that the Society do now adjourn to meet immediately in the District Attorney's room in the Court House." A motion to adjourn is a privileged question, and always in order. "To entitle this motion to precedence, it must be simply 'to adjourn,' without addition of any particular day or time, and as the object of this motion, when

made in the midst of some other proceeding and with a view to supersede a question already proposed, is simply to break up the sitting, it does not admit of any amendment, by the addition of a particular day, or in any other manner."—(Cushing's Manual, rule 137.) Under this ruling, which the evidence shows is the authority of the Society on parliamentary law, the Culver motion to adjourn to meet immediately elsewhere was disorderly, and therefore null and void. But again, if the motion to adjourn had been in such a form as to give it precedence, it was made in a disorderly manner. No member of a society may interrupt another, except to call him to order. If it be found that the person speaking is disorderly, he may be set right, but may not be dispossessed of the floor, unless the subject which he is urging is itself disorderly-(Manual, 200-328). No motion to adjourn even can be made until the mover obtains the floor. But Dr. Culver, by this motion to adjourn, not only interrupted a member, but the whole house in the person of its presiding officer. That officer had just put a motion to vote, and was about declaring the result, when Dr. Culver, as he himself admits, made the motion to adjourn, and, as he declares, for the purpose of preventing a decision of the pending question. The interruption was therefore a gross disorder and a contempt of the house.

But conclusive as these considerations may be, there is a stronger view of the case. The motion to adjourn was never carried, because the President disregarded the appeal from his decision. "If any one member stands up and declares the result to be contrary to the decision of the presiding officer, or if there is an irregular call by several members speaking at once, the President must divide the house."—(Cushing's Mannal, § 238, and Law and Practice, 1798-1799.) The President did not notice the motion of Dr. Vondy to appeal, further than to say something indefinite about "appeal," which is evidence that he heard it, and added, "Gentlemen, the meeting is adjourned; I regard you all as a band of disorganizers;" and in the midst of the confusion attendant upon the abstraction of the book of minutes, left the room in company with other members. It is further in evidence before the Committee, by the declaration of members as to their votes, that a majority of those present voted against the adjournment. The President stated to the Committee that he did not hear the appeal, but Dr. Vondy and others aver that he heard it, and replied to it in the words above quoted. Moreover, if those who favored adjournment created disorder by a precipitate retreat upon the signal of the declaration of adjournment, and thus drowned the appeals of their opponents, they cannot take advantage of their own wrong-doing. The President declared the adjournment without the customary and orderly pause to ascertain if his decision was agreed to.

With these considerations, the Committee respectfully submit their decision upon the Memorial referred to them:

- 1st. That the District Medical Society of Hudson County did not adjourn on the 4th of March, 1873, to meet in the District Attorney's room in the Court House.
- 2d. The refusal of the President to entertain the appeal cannot be justified. If he believed the motion to adjourn to be in order, his refusal to put the appeal was disorderly and contumacious. If he believed it to be a nullity, his failure to preserve order, and to regulate the business of the Society, was in contempt of his constitutional duties as its presiding officer.
- 3d. The withdrawal of the President from the Society with other seceding members, and their forcible and riotous abstraction of the minute book, were acts of disorganization.
- 4th. The Memorialists and their associates constitute the District Medical Society for Hudson County, entitled to representation in the State Society by their delegates. They are also entitled to the book of records, and are the rightful custodians of the archives of the Society.

STEPHEN WICKES, S. C. THORNTON, THOS. RYERSON, Committee on Ethics and Judicial Business.

[APPENDIX No. II.]

TRENTON, May 25th, 1874.

To the Medical Society of New Jersey:

The Corresponding Secretary would respectfully offer the following report:

The usual number of copies of the Transactions for 1873 were received from the Chairman of the Committee on Publication, and were distributed to our honorary members, to some of the prominent medical journals, and to the following sister State Societies in correspondence with our own, viz:

Maine, Rhode Island, Connecticut, Massachusetts, Pennsylvania, New York, Virginia, North Carolina, Iowa, Wisconsin and California.

Transactions have been received in exchange from the States of Maine and North Carolina.

Respectfully submitted,

W. ELMER, Jr.,

Corresponding Secretary.



[APPENDIX No. III.]

Long Branch, May 26, 1874.

To the Medical Society of New Jersey:

Your Treasurer reports a cash balance from last year of \$84 66. This amount was increased by the payment of the following sums, being the annual assessment upon District Medical Soceities:

Balance	• • • •		\$84	66	
Passaic			45	00	
Union			54	50	
Hunterdon			27	00	
Sussex			92	do	
Monmouth			33	00	
Somerset			15	00	
Cumberland			25	50	
Mercer			45	00	
Middlesex			25	50	
Easex	• • • •		. 76	50	
Hudson			66	00	
Burlington			88	00	
Camden	•				
Bergen			24	00	
Gloucester			24	00	
Warren		• • •	22	50	
•			\$730	GR	
The following bills have been paid:			₩100	00	
S. Wickes, balance 1872	12	15			
S. Wickes, Transactions 1873	870	45			
J. M. Reuck	10	00			
J. M. Reuck	4	00			
Wm. Pierson, Jr., Recording Secretary	6	00			
Wm. Elmer, Corresponding Secretary	4	00			
Committee of Arrangements at Mt. Holly	7	00			
Newark Daily Advertiser	1	00			
·					
	414				
Balance in Bank				o o	
Assets in Newark Savings Institution					ΛΛ
Balance in Bank				,000 316	
Datatice III DRIIK		• • •	• • • •	910	00
			-		
Total	,	•••	\$1	,316	06

HENRY R. BALDWIN,

Treasurer.

[APPENDIX No. IV.]

REPORT OF DELEGATES TO MEDICAL SOCIETY OF PENNSYLVANIA.

To the Medical Society of New Jersey:

At our last annual meeting, Drs. Geo. H. Larison, C. C. Vanderbeck and C. Hodge were appointed delegates to the State Medical Society of Pennsylvania. The two former were present at the twenty-fourth annual session, held in Carlisle June 11, 12 and 13, 1873, and were cordially received and welcomed to seats in that body.

Their meeting was well attended by an active, earnest delegation and membership from many counties of that commonwealth. Dr. A. M. Pollock of Alleghany County, occupied the Chair, supported by Vice-Presidents Drs. W. L. Atlee, of Philadelphia, R. Crawford, of Cumberland, and W. W. Dale, of Venango.

The Permanent Secretary, Dr. W. B. Atkinson, of Philadelphia, the Assistant Secretary, Dr. S. B. Kieffer, of Cumberland, and the Corresponding Secretary, Dr. T. M. Drysdale, of Philadelphia, were also present.

Dr. S. B. Kieffer, Chairman of the Committee of Arrangements, gave the Society a pertinent address of welcome, and offered the programme for the order of business for the session, which was adopted.

On the evening of the second day of the session, the President, Dr. A. M. Pollock, delivered the annual address, which was an able production, upon the progress made in the science of medicine.

Papers of importance to the profession were read before the Society.

Resolutions were adopted relative to legislation in favor of the practice of medicine in that State.

Reports of interest to the profession were received from the County Societies and ordered printed.

A committee was appointed to prepare a memorial to the Legislature for an appropriation to erect an additional hospital for the insane of the Northwestern counties of that State.

The Society adjourned to meet at Easton on the 13th, 14th and 15th of May, a month earlier than usual, and before our annual meeting. As your delegate for the year, I again visited that body at their twenty-fifth annual meeting, where I was again cordially received as your representative.

This meeting, too, was fully attended, and welcomed into their fellowship four new County Societies.

The routine business was similar to that of the previous year.

The election of Dr. W. L. Atlee to the Presidency was unanimous.

[APPENDIX No. V.]

REPORT OF DELEGATES TO MEDICAL SOCIETY OF RHODE ISLAND.

Mr. President and Gentlemen of the Medical Society of New Jersey:

At your last annual meeting, Drs. Pierson, Terriberry and Pumyea were appointed delegates to the Medical Society of Rhode Island. Of that number Drs. Pierson and Pumyes had the honor to attend. A serious and almost insurmountable obstacle to the execution of our mission was the inability to ascertain when and where the Rhode Island Medical Society met. That our case was not exceptional, in that respect, has frequently been illustrated by reports previously rendered. Allow your delegation to suggest a remedy for that difficulty, which, if practicable, will prove, we think, a specific. Might not the time and place of meeting of the respective State Medical Societies, to which delegates are appointed, be announced in our published Transactions? We would also beg leave to recommend the same specific for our own State District Societies, so that more communion and co-operation might be secured among ourselves. Your representatives were received with courtesy and treated with great kindness by the Rhode Island Medical Society. Besides New Jersey, New York, Massachusetts and Connecticut were there represented.

The Progress and Present Condition of the Science of Medicine was the subject of the annual address. It showed extensive research, was well written, well read, replete with interest and instruction, and received and descreed warm applause.

The senior member of your delegation was unavoidably absent when the toast of the Medical Society of New Jersey was offered, and the response devolved upon one unable to becomingly represent the honor and dignity of the Medical Society of New Jersey.

Your delegation felicitates whoever may have the honor to receive the appointment of delegate to the Medical Society of the State of Rhode Island-He may confidently anticipate a cordial reception, liberal attention, and generous hospitality.

Respectfully,

P. B. PUMYEA.

ADDRESS BY THE PRESIDENT.

Gentlemen: The first duty that I have to perform on meeting you, is a very pleasant one,—that of tendering my acknowledgments for the honor which you have conferred on me, in electing me to preside over this our cherished association—an honor the more esteemed, and calling for warmer thanks, because not only unsolicited but unexpected. I nevertheless regret that your suffrages have not been given, I will not say to a more zealous, but to a more capable member of our fraternity.

Gentlemen, I wish you to believe that these words are not the mere utterance of the tongue, but the expression of sentiment coming warm from my heart.

Remembering how much of credit or discredit may accrue, both to myself and this honorable Society, from the manner in which my duties shall be performed, you will not be surprised that I approach the situation with some misgivings; relieved, however, by the recollection that the responsibilities of the position are divided between us, and that, in this division, the smaller portion will fall to my share.

It is matter of high gratification that, on this occasion, we can mingle congratulations upon the harmony that prevails amongst us. We have learned by happy experience "how good and how pleasant it is for brethren to dwell together in unity." Mutual esteem and respect exist. No jealousies, no bickerings, no heart-burnings are present to disturb our peace, or mar our happiness. Face meets face with the bright smile of welcome, and every hand receives the warm grasp of friendship.

I must not omit to notice an honored mark which our Association wears—a crown of glory—Antiquity. It is a Methuselah among American Medical Societies, the oldest in the land. Hoary with years and with honors, it nevertheless bears no sign of decrepitude. Time has written no wrinkle on its brow. Although eight years past its Centennial, it retains the vigor, the strength, and elasticity of early manhood.

Going back in thought to the distant birthday of our venerable Society, then reverting to its present happy anniversary, we are naturally led to contrast the condition of the past and present of our Country,—physical, political, intellectual, and moral. We think of the rapid strides made in population, agriculture, manufactures, and commerce; in literature, in science and art. Then, a sparse population were subjects of foreign rule. Now, a free and numerous people occupy a cultivated soil. Opulent cities, beautiful villages, comfortable and often elegant rural homes, the abodes of refined manners, educated minds and æsthetic tastes, meet the eye. We think especially of the progress made in Medical Science, and the superior skill which successfully combats disease, demonstrated by the prolonged average term of human life. We are reminded of the more auspicious season, and facilities for meeting on this day. The rapid travel to and from our respective fields of labor, compared with the discomforts which our fathers experienced, in their long and wearying journeys over broken roads, at an inclement season.* Now we meet at a time when

"The Spring-scented buds all around us are swelling,
There are songs in the stream, there is health in the gale;
A sense of delight in each bosom is dwelling,
As float the pure day-beams o'er mountain and vale:

^{*} Society for many years met in January.

The desolate reign of old Winter is broken,
The verdure is fresh upon every tree;
Of nature's revival the charm—and a token
Of Love—O thou Spirit of beauty! to thee."

Not longer detaining you, gentlemen, with preliminary remarks, your attention is respectfully invited to the subject which I have selected for discussion on this occasion, namely—Medical Truthfulness.

Truth is an essential element of social life; it is equally essential to all science. This proposition is so familiar to the mind, and approaches so near a truism, that a grave discourse on the topic might seem to be not only superfluous, but invidious. It must be admitted, however, that this indispensable requisite of science, is too much lost sight of in Medical study, and the disposition of mind which we call truthfulness is often far from being cultivated with the conscientious care which the interests of the healing art, and the good of humanity, to which that art is consecrated, imperatively demands. And, gentlemen, if some of my animadversions shall seem pointed and severe, they will, I believe, carry with them your convictions, and justify themselves at the bar both of your judgment and moral sense.

Truth is a divine attribute. It is the foundation of the Creator's throne, and the security of His moral government. This, together with every other moral attribute of Deity, is reflected in human character. It must be so, if all human virtue be not lost, for it could not be that the Creator would form a moral being and not impress on him His own moral likeness, since the creature was made to serve the Creator, and in that service to share the Creator's happiness. That the reflection is so imperfect, not so dim merely, but so marred and distorted, is proof a priori that some disturbing forces have entered our world, at once foreign and hostile to the Divine character.

As truth is the foundation of God's throne, so it is the base of the social structure of humanity, the adamantine band which holds society together. Destroy it, and disintegration follows—man is parted from his fellow man.

"The natural bonds
Of brotherhood are severed as the flax
That falls asunder at the touch of fire."

Not only is there in the human mind an intellectual perception of the value of truth, but there is a moral instinct which binds the heart to it. Virtuous pride wears it as a diadem, and a royal robe. This virtue lost to a man, all in him is lost. Not only the virtuous but the vicious despise him; and, to complete the degradation, he despises himself.

It must not be forgotten, however, that it is the gross form of untruthfulness which awakes this universal disgust, and consigns the offender to infamy. The vice

"Passed through some certain strainers well refined,"

as Pope, on another occasion, says, the world's morality accepts it apologetically, and suffers it to pass like currency, either at par or at a discount, as the case may be.

However modified or adopted, untruthfulness is an intrinsically mean and vulgar vice, and a stranger to society would suppose that it would be confined to the mean and vulgar. He would find, however, that it has extensively invaded the cultured world, and that literature, science, and art, are often tainted with it. The fact is wounding to the pride of human greatness, but it is too plain to the eye of observation for concealment, that between intellectual culture and moral virtue there is no necessary connection. Men who rank among the intellectual dignitaries of the earth, and who should wear the "stola" of virtue unsullied, too often appear in the mean garb of compromised veracity, and walk with the ignoble. How empty appears the dignity which intel-

lectual culture and scientific attainments confer on humanity, when we see that Apollo, no less than Mercury, can practice imposture, and the gravest of the Muses, as well as the Syrens, become adepts in fraud.

It will be interesting and instructive to note some of the influences which operate in our professional life to weaken reverence for truth, and the manner in which its sacred obligations are violated, and then glance at some of the evils that flow from the profanation.

It will be obvious to you, gentlemen, that the limits of this paper will allow only very brief comments, on each particular as it shall be presented, suggestive in their character, and simply aiding your reflections.

I remark, in the first place, that Avarice is fatal to medical truthfulness. This vice may be pronounced the most insidious and destructive of all moral maladies. As there are diseases which attack one organ, and leave the rest to perform their functions with measurable success, so there are vices of character which have redeeming virtues, that save their subject from utter ruin. But avarice is a moral marasmus which wastes all the vital powers. Other vices, even the grossest, are branch vices; this is a root vice. "The love of money," the Scriptures declare, "is the root of all evil." To the honor of the medical profession it may be truthfully affirmed, that however much it may share the common infirmities of men, the greed of gain is not its besetting sin. When some of his friends would show him how to become a millionaire, Agassiz replied, that "he had no time to make money;" and every physician devoted to his profession, can say the same. With rare exceptions, his gains are comparatively small, and his desire for wealth is small also. He "wants but little here below," and if he did want it, he must generally go outside of his profession to get it. The medical

quacks and charlatans, with a sprinkling of diplomated apostates, who, in company with other imposters inspired by the "auri sacra fames," prey on the credulous, make merchandise of the health and lives of their fellow-beings, multiply and thrive to an extent that might make us wonder what the schoolmaster, who is said to be "abroad," is doing, did not history and observation teach us that the illiterate are by no means the sole dupes of imposture. The oracles of Egypt, of Greece, and of Rome, the most elaborate schemes of fraud that the corrupt ingenuity of man ever invented, obtained their greatest celebrity, multiplied most their votaries, and filled their coffers with their amplest treasures, at the period when civilization in these classic lands had reached its acme. Judging, therefore, by analogy, (and observation would seem to confirm the judgment,) we might fear that in our enlightened land, credulity will advance pari passu with education. If so, when the millenium shall come, it will have a mighty work to do, either to hang impostors, or convert them. To prevent such results, is the province of those who have inclination and talent for the task of popularizing true medical knowledge, and, by enlightening the public mind in that direction, eradicate errors which have been introduced, either by ignorance or design.

Selfishness often overcomes the love of medical truthfulness and a practical regard for its obligations. The man who worships and serves himself, can never serve and worship truth, for the first requisite for the service is self-abnegation. The true man of science gives his faith to truth. With the simplicity and docility of a child, conscious of its childhood, he lays his hand in that of truth, willing and grateful to be led. He has no weak pride to be wounded, or false shame to be hidden. Whenever, therefore, he mistakes a fact, or makes a false deduction, he will be often the first to discover

his error, or if pointed out by others, he is always prompt to acknowledge it. Thus he not unfrequently disappoints envious rivals, and robs them of a triumph by his ingenuousness and noble-hearted frankness.

Medical truthfulness is often sacrificed to Vanity. Pride will not acknowledge error; vanity makes error, when it serves the purpose, its mounting block. Seeking notoriety, and unscrupulous as to the means, and having nothing truthful with which to attract attention, the medical "inflationist" makes out his case, either altogether false or so embellished by fiction as to serve only to deceive. These romancers are the pests of our medical journalists, whom they often succeed in deceiving in spite of the vigilance and skill employed in detecting imposition. This notoriety seeking is sometimes apparent in the championing of some popular party, into whose dogma a medical question enters. Each of us doubtless can recall cases in point.

Indolence is another altar on which medical truthfulness is often immolated. "Labor improbus vincit omnia" is the Roman aphorism. "High ends can be reached only by laborious means." To the scientific idler we say, "Go to the ant, thou sluggard, consider her ways and be wise." The grains of knowledge are not gathered by the hand in the bosom; and the truth of science (all that is valuable in it) must be "sought as silver, and searched for as hidden treasure." The California miner never toiled with pick, and shovel, and cradle, and prying eyes, more industriously than does the conscientious student and practitioner of our art. The man, therefore, who lacks love for his profession, and love for the truth that is in it, will be likely to yield to the temptation to seek the easiest, not the surest, method of investigation. A rapid generalization, to the neglect of detail, will satisfy him; and thus, by deceiving himself, he will deceive others, and let mischief accrue.

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Not less than indolence, or indifference, a too sanguine temperament is obnoxious to medical truthfulness. Ardent and impatient, such students disregard the steps of the reasoning process, carefully to be sought and pondered, and jump to conclusions, right or wrong, as the case may be. The type of this class is found in Jane Taylor's "Nimble Dick," one of my earliest reminiscences of book reading.

"Would never wait, was ever late, Because he was so quick; This scatter-brain did thus obtain The name of Nimble Dick."

I have seen these "quick" men in the race of professional life by the side of their patient, plodding compeers, and have thought again how closely their fata resembled that of poor Dick, as described in the juvenile, poem as I used to recite it. Dick chaltenges his school-follow, Bill, to run a race—

"So off they start, quick as a dart, Like ponies at full speed; Soon Bill he passed, for very fast This Dickey ran indeed.

"But hurry all, Dick got a fall,
And as he sprawling lay,
Bill reached the post, and Dickey lost,
And Billy won the day."

These ardent and impetuous souls have much to say about genius. Let it be granted there is such a thing as medical genius. The history of the profession furnishes too many brilliant examples to allow a denial. But what is genius? A physician enters a sick-room, and a glance at the patient enables him to give a correct diagnosis of the disease. By a figure of speech we call this intuition, the gift of genius. But there is no such thing as intuitive science. What we

mean by intuition, is nature's gift (rarely bestowed, and when bestowed carefully cultivated) of keen perception, quick and accurate discrimination, and rapid processes of thought, by which correct conclusions are reached. But men who thus gain their celebrity, do not trust to this endowment of nature. They never trust their inspiration, but test it by the ordinary methods of observation and experience, and reject as mistakes what will not bear this scrutiny. This leads me to remark, that

The mere theorist is a faithless servant of medical truth. It has been well remarked, that a man wedded to a theory, can never be trusted either with facts or arguments; in the use of both he is reckless or unscrupulous. He worships an idol, and is besotted by it. A certain Electrician (I remember reading the story not long since,) had formed a theory, which exercised on him this power of fascination. A fellow professor, after having thoroughly tested this theory by a series of experiments, which proved it to be utterly untenable, went to his friend with his facts. "I am very busy," said the man of theory, "but tell me whether your facts confirm my theory; if they do I will look at them." "Well, I cannot say they do," replied the man of facts. "Then I have no time to attend to them; I know I am right." "But,"-"I cannot listen to your 'buts;' I have studied this matter, my friend, more than you have; good morning." Thus does the theorist outrage truth. The professional ranks are already replete with this class; men who reject everything that does not suit with their hobby. In avoiding the error of the theorist, let us be careful not to go over to that of the routinist, who runs all his life in a groove, and rejects innovations and novelties simply because they are such.

Lastly, under this head, I would remark, that the claims of the sick to medical veracity are too often disregarded. It is

impossible that on this topic I can speak too emphatically or incisively. No language at my command can be too strong in condemnation of the fallacious maxim, that falsehood changes its moral character, and is transformed into a virtue, when itsaim is laudable. I am aware how conscientiously this rule of conduct is adopted by a large number of the profession, at the same time I am convinced that it is false and mischievous; I know how plausible are the arguments employed to defend the policy, how strongly professional success pleads, and how strongly humanity itself pleads. not the business, says the advocate, to which I have consecrated myself-business that involves all that is dear to me in fame and fortune—that of restoring the dying to life, and the sick to health? What to me at the bed-side are truth and falsehood, but ministers to my art? If truth will serve me best, I tell the truth; if falsehood, I utter falsehood. have a case in which the hope of recovery is the best medicine, I therefore "keep the word of promise to the ear," . although the result may prove "I break it to the hope." Death has for my patient moral terrors. He is haunted by

> "Spectres that hover round the brain, And aggravate and mock the pain."

With this formidable ally of a dangerous malady, what chance has my skill? As a wise general, I resort to strategy. I dissipate these fears, and place my patient in a mental condition more favorable to recovery. Or my prognosis is clearly unfavorable, the seal of death is on him, but I deceive him still, for the deception is a mental anodyne, which mercy calls me to administer.

Miserable Sophistry, gentlemen, is this, serving a shortsighted policy, as much as corrupt ethical principle. Falsehood may count some gains, but there is an untold amount of loss, not less serious because concealed from view. The deceiver at the bed-side (at first a deceiver only there) suffers his first loss of moral manhood, surely to be followed by heavier losses. The gangrenous spot will spread.

Let us look further at this infraction of veracity in relation to those placed under our professional care. We all have experienced the advantage derived from possessing the confidence of our patients in our skill. This advantage, of course, is obtained, either by success in previous attendance, or by the testimony of others, in whose judgment they have reliance. Sometimes we have need of all our resources, aside from medication, to conduct to the desired issue a protracted case. When despondency seizes the patient, and his faith is shaken in remedies, although we can see that he is progressing as favorably as possible under the circumstances. how valuable an auxiliary have we when we can appeal to past experiences, and challenge him to refer to an instance of departure from truth. Says an eminent medical writer: "Every day we see evidence of the fact that so large a proportion of the medical profession practice deception upon the sick, that the profession, as a whole, has to a greater or less degree the imputation of untruthfulness fastened upon it. Indeed, patients themselves, as a matter of course, make the distinction between the obligations to professional veracity, and those of the man, as a man, in his ordinary intercourse. The physician who has an established reputation for veracity everywhere else but in the sick-room, has there the suspicion of untruthfulness put upon him. Of this imputation, it is supposed he should not complain, because deception is allowed here by almost general assent. For this reason, whatever of frankness and honesty there may be in our intercourse with the sick, often fails to produce the effect intended, at least in part, if not wholly, and this result follows just in proportion to the extent to which deception is made use of in the profession."

We know of no profession in which fixed principles in regard to truth are more necessary. As experts in our calling we deal with the ignorant; for no matter how intelligent persons usually are in other departments of knowledge, none are intelligent in our art. Physicians, like other men, are so constituted, that invested with power (for knowledge is power) unless restrained by moral considerations, they are apt to make use of that power in unworthy directions. Using medical science for deceit is a gross prostitution. Outside of the direct family circle, there is no tie so tender, (save the pastoral) as that which binds the family physician to the members of the household. In many cases, either from want of opportunity or of inclination, the physician is the sole friend, confident, and counsellor. Well we know how welcome are our visits, even when unprofessional; how warm is the hand grasp, how bright the smile, and cheery the tones that greet us at the threshold, and invites to the genial hearth and the hospitable board, whether it be the cottage of the poor, or the mansion of the rich. And how is this magnetic power increased when truth is the law of our lips, as kindness is the law of our hearts?

I have occupied, gentlemen, more time than I intended on the first part of my subject, and now proceed to the second, in which I design to dwell more at length on the subjective influence for evil, of untruthfulness in medical practice. I shall base my remarks upon a passage from Hippocrates, which I met with recently in the course of my reading. It is a Latin translation, (for Hippocrates, as you are aware, wrote in his vernacular, Greek,) and reads as follows:

"Ratiocinationem igitur plurimum laudo, siquidem ex fortuita occasione ducat. Quod si non ex evidenti occasione, verum ex probabili rationis fictione ducatur, plerumque gravem et molestam infert affectionem."

The quotation is in the terse style characteristic of the

author, and I shall take the liberty of paraphrasing it, to bring out more fully the meaning:

"The habit of close reasoning in the consideration of medical questions cannot be too highly commended, when the logical process is legitimately pursued, springing naturally and spontaneously from the occasion. When, however, it partakes of the fiction of probability, when hypothesis is substituted for demonstration, the ratiocination, however elaborated and skillfully conducted, inflicts many and serious injuries on mind in its moral relations." This is the force of the words "plerumque gravem et molestam infert affectionem." Observe, gentlemen, that the father of medicine here leaves his chair of medicine, and takes that of moral philosophy. That almost preternatural insight into the phenomena of disease, enabling him to trace their hidden relations, gave him ability also to see that aberrations from the path of truth, wilfully or thoughtlessly made, has a malign subjective influence, and that this reactive power for evil on the moral nature of the errorist, is a superlatively dreaded power. He does not here speak of the objective influence of error, how the interests of medical science suffer, how the health and lives of the patients are imperiled, but how the moral interests of the physician himself suffer. Hippocrates, the stern and uncompromising moralist, knew that to state a false fact, knowing it to be false, or intentionally to conceal a fact, when a revelation is demanded, or in any way to attempt to pass off error for truth, involved the guilt of direct falsehood, and inflicted a serious amount of injury on the moral nature of the offender. Where, we naturally ask, did the heathen sage acquire this divine light? beam from the land of inspiration crossed the Mediterranean and Egean seas to the island of Cos, and entered his inquiring mind? He was contemporary with Malachi, the last of the Hebrew prophets. Had some of the inspired harp-notes

of this holy bard struck his listening ear, and lifted him to the lofty heights of ethical knowledge in which his spirit lived, to reflect the light which it had received? We know He lived in a comparatively pure age of classic paganism, before wealth, luxury, and corrupt refinement had enervated the mind and tainted the morals of the people; before the age in which had been elaborated the intellectual wonder of all after ages, the system of mythology, which invested the phenomena of nature in the costume of fable the most fascinating, at the same time the most polluting, that human fancy has ever invented; deifying lust, and making of its degrading service a religious faith and worship; a system that in after years, aided by pantheistic and epicurean philosophy, led the way to that deep degradation of public morals, which the satires of Horace, of Juvenal, of Petronius, and the epigrams of Martial, so graphically describe. Still, the age of Hippocrates was a corrupt age. If it was the age in which Socrates and Plato taught the sublimest truths, and inculcated the purest ethics of natural theology; it was the age also in which the successors of Anacreon tuned their wanton lyres, Aristophanes and his imitators put on the stage their indecent comedies, and in which Pericles and Alcibiades, while elevating and adorning their country by their high intellectual culture and brilliant statesmanship, corrupted it by their licentious example. We may well wonder, therefore, when we see the great master of the healing art, to whose celebrated school the youth of Greece, aspirants for medical knowledge and fame, flocked, demanding as a condition of sitting at his feet, the taking of the celebrated Hippocratic oath.

So it is, that the habitual disregard of truth, and the habit of willful error, no matter in what way, perverts all the moral faculties, and withers the moral graces of the mind. All truly great men recognize this ethical truth. I have

already referred to Agassiz as an example; another scientist, I may mention, lately gone to his rest, who has left a bright pathway which will long be luminous. Visitors remember a Latin inscription in the vestibule of his house, meant for all who entered to read and mark, as follows:

Cara Patria, Libertas Carior, Carissima Veritas.

It is a humiliating fact, that men who move in the higher walks of intellectual life, have need to read this inscription—have practically to learn that no dispensation is theirs releasing them from the obligations to truth; that falsehood in the service of literature, or science, or art is criminal and base.

Gentlemen, it is time that I should release your attention, which I am conscious of having too long held. The importance of the subject will, I trust, be my apology. If the view presented, imperfect as it is, shall have fastened upon your minds and my own, convictions and resolves worthy of the subject,—if

"Henceforth the tiller truth shall hold, And steer as conscience tells,"

neither of us will have cause for regret.

I beg leave to conclude by adding my greeting to that already extended to you, by the Committee from the District Medical Society of Monmouth. Having the honor to belong to that Society, it affords me great pleasure to unite in extending to each and all of you, a sincere and cordial welcome to this our "city by the sea."

ESSAY.

BY JNO. V. SCHENCK, M. D., OF CAMDEN.

THE OBSTETRICAL FORCEPS.

My choice of the Obstetrical Forceps, as the subject for an Essay, may be easily explained.

A friend in adversity we love, and one who has lent us a helping hand when all nature seemed arrayed against us, of such we love to speak. The city I represent is a rapidly growing one. The population is made up, in great part, of those who have recently ventured upon the matrimonial sea; who instinctively obey the injunction, "Multiply and repleuish." Obstetrics, therefore, is one of the chief demands upon our profession. In an emergency of this sort, it becomes us, as far as possible, to facilitate the effort of nature in bringing to a successful issue this result of conjugal union. The obligation to do all in our power to shorten the duration of human suffering, is doubly intensified by the fact, that it is upon lovely woman the condemnation has fallen-"In sorrow shalt thou bring forth children." He who can stand by the couch of suffering, and lend no helping hand -when relief can be given with entire safety to both parent and offspring-is unworthy of the God-like profession he dishonors.

To the inventor of the Forceps the profession of our day should sing poeans of praise. The invention is due to the earnest appeals of suffering woman for help in her hour of utmost need, and the response shows that the nobler traits of man's nature were not appealed to in vain; science has woven no brighter chaplet for her votaries, than the one that adorns the brow of Chamberlain; and to woman no greater boon has been given.

Its proper use shortens the duration of labor, and saves woman from long periods of suffering and suspense. obviates sloughing and retention of urine, the sequel of tedious labor, and also saves her from the exhaustion consequent upon long continued superhuman expulsive effort. The advantages that accrue to the use of the Forceps do not rest with the mother alone, but the offspring shares in the blessing. Multitudes are saved by its proper use, who otherwise would have gone to swell the hecatombs of victims to embryotemy and incompetency. The attending physician is appealed to in his individual capacity. He has arduous duties to perform, his patients await his coming anxiously, and his attendance is often a matter of vital importance. The physician himself is weary with watching and waiting. He is master of the situation, and shall he stand "all the day idle?" Science and prudence both answer the question -apply and deliver.

The vis medicatrix nature is the keystone in the arch of Therapeutics. To strengthen and assist is the great aim of the practitioner of medicine. He does not stand idly by and see nature almost in the throes of dissolution, but takes advantage of the least opportunity to skillfully aid in arresting the inroads of disease. In obstetrics, also, it behooves the practitioner to stand ready with artificial means to facilitate the effort of nature in the progress of parturition. A resort to the obstetrical forceps, in cases otherwise unmanageable, is a foregone conclusion.

I do not wish to stultify myself by appearing as an advocate for the forceps, when its imperative use is acknowledged by all. I wish to advocate for the instrument a wider field, a more extended usefulness.

We see cases, otherwise impracticable, accomplished with safety to both parent and offspring, by the use of the forceps. If such is the case, does it not follow that difficult, lingering cases could be facilitated and consummated by their timely use, and with the utmost safety to all concerned?

I wish to urge upon the profession the propriety and, indeed, the obligation due our patients, in this the hour of woman's utmost need, to shorten the pangs of labor, and to hasten the ecstatic joy which often finds expression in the words, "If there be a heaven on earth, it is this, it is this." We appreciate the services of the forceps when it is the "sine qua non." Let us also add to its credit by resorting to its use in overcoming obstacles that retard the process of parturition. I know there are those who meet a proposition of this kind, with the cry of "meddlesome midwifery." The same persons, in case of breech presentation, when once the feet are down, do not hesitate to make traction upon the legs with all the strength they have. Neither do they abstain from the use of Ergot, but press it in heroic quantities, although they know that death to the offspring and exhaustion to the mother are in the cup. I say to such, let them sit with index per vaginam until they get what they deserve, per vias naturales.

I have implicit trust in nature, and in humility strive to learn her laws, and by artificial means strive to assist the natural mode of delivery; by so doing, the satisfaction is given of lessening the suffering of humanity, and of hastening the moment of ecstacy when the mother feels, for the first time, her first-born's breath.

Ninety-five per cent. of all cases of obstetrics may be set down as vertex presentations; ninety per cent. are vertex anterior, five per cent. vertex posterior; the balance are breech presentations. The irregular presentations only serve to strengthen the general rule. One-half of these vertex presentations can fairly be facilitated by the use of the forceps, and that too with advantage to the mother, and very often to the offspring. If any delay in the delivery occurs, be the cause what it may, a proper application of the forceps, and a judicious use of them when applied, will tide the patient to a safe and happy delivery. A wide field is then open to the obstetrician for cautious and humanitarian effort.

At this juncture it will not be improper to speak of the kind of forceps that seems to meet all the indications.

The long forceps of Hugh L. Hodge, or what is known as the Philadelphia forceps, has no superior. Modifications of this instrument meet some exceptional cases. Dr. Bethel, of Philadelphia, modified the instrument of Professor Hodge by slightly increasing the curve of the blades and narrowing the Fenestra. The modification is a decided improvement in the management of some cases. We are not disposed, however, to discuss the merits of any particular forceps, only to praise the bridge that carries us safely over.

In the first, second and third periods of the second stage of labor, the forceps come in to fulfill its part in the facilitation of parturition. The detention of the head of the child at the superior strait, after the full dilation of the os, is often of long duration. The diameters of the pelvis of the mother and head of the child may eventually correspond, and nature may succeed in the delivery. Our waiting, however, often sacrifices the child, injures the tissues of the mother, and exhausts her strength. The moulding process, so tedious and destructive, if left to nature, can readily be accomplished by the forceps. A little traction, assisted by the vis a tergo of the uterus, soon brings the head into the cavity of pelvis, and facilitates the delivery. We also find, when the head is at the superior strait, a

relaxed abdomen, the cause of vexatious delay. The head slips over the superior strait, and can be felt, as it were, striving to make an exit through the walls of the pouching abdomen directly over the pubis. The force of the uterus is spent upon the pubis. The forceps carefully applied soon changes the aspect of the case. The vis a priori supplements the vis a tergo, and conducts the vertex in the way it should go. Bethel's modification of Hodge, with its great pelvic curve, seems especially adapted to this emergency, and is truly the right instrument in the right place.

The administration of Ergot at this juncture, if it acts at all, is far more fatal to the child than any proper instrumental aid. If, even after using ergot, a considerable delay occurs, the uterus becomes wearied by over-stimulation, and then uterine inertia is added to the perplexities of the case. You are forced to the use of the forceps, and that, too, with lack often of the mother's expulsive power to assist in the delivery.

In the second period of the second stage of labor in vertex presentation, rotation is often delayed by the powers of the mother not being capable to bring force sufficient to accomplish it. If manipulation fails to assist, then apply the forceps, and a little traction soon tides the labor to a successful issue, and the tissues of the mother are also saved from injury caused by long pressure.

In the third period of the second stage of labor in vertex presentations, when the head has rotated, then may the labor be facilitated by artificial means, with the greatest frequency. How often do we find the powers of the mother unequal to the emergency. The head does not come fairly under the pubis. The dynamics of the mother are at fault; now is the time for expulsive pains, but her strength begins to succumb to the tax upon her; ergot may tide the case through to a successful issue, but to an organ already wearied by long

effort, it will only add a few expulsive throes, and then leave the inertia more profound than before. The forceps now comes in beautifully. No difficulty now in enclosing the parietal protuberances in the enestra, and then by compression, traction, and elevation of the handles, you soon announce the gratifying information that the head is delivered. Thus, in moments instead of hours, the labor is consummated and the happiness of the mother complete.

In the third period of the second stage of labor, a condition of this sort often occurs. The sphincter vaginæ refuses to dilate, and the vaginæ elongated into a cul de sac, made by the dilated perineum protruding beyond the symphysis pubis, the head of the child seems in doubt whether to make an exit through the sphincter ani or the sphincter vaginæ. The application of the forceps in this emergency and the elevation of the handles over the abdomen of mother, speedily lifts the head from the receptacle and consummates the labor.

In my estimation, the forceps, judiciously used, will no more endanger the perineum than it is endangered by the head of child. I am convinced, indeed, that, with the forceps applied and the head of the child distending the soft parts, that we can better graduate the pressure of the head on the perineum, and save it from laceration, than we can without them.

The utmost caution and self-possession at this juncture we all know to be essential. This is the case especially with primiparæ, and our motto must always be "festina lente."

The experience of the practitioner of medicine finds constant peculiarities in labor, that urge upon him the propriety of the early use of the forceps.

Labor may occur in cases of Paraplegia. We do know that paraplegic patients have safely delivered themselves, and we do know that the uterus has expelled its contents after death. In cases of this sort shall we, like Macawber, wait

for "something to turn up?" In cases of this sort it is due the patient, the child, and yourself, to deliver at once.

Cases of Uterine Inertia are met with occasionally to perplex, annoy, and exhaust; labor comes on in fitful paroxysms, and continues just long enough to raise hopes of early consummation. Days are sometimes consumed in the accomplishment of the first stage. Then the uterus refuses to respond to any medication you may use to arouse it. Shall we hesitate to apply the forceps and deliver? The forceps applied in utero may arouse its dormant energies; if no response is met with, still go on and deliver by your own unaided efforts, be the case primipara or multipara. It may take hours, but with patience and care you will accomplish it with safety to all concerned.

We are sometimes at a loss to know the cause of detention of a vertex presentation. The diameters of pelvis are ample, and the head of the child corresponds. The head of the child may be at the superior strait, or may be in the cavity of the pelvis, or may be down on the perineum.

The pains are often frequent, and seem about to be expulsive, but with a cry of distress the parturient woman seems to fail to turn them to account. In these cases the forceps will soon solve the mystery. A short cord with an attached placenta interferes with the proper uterine contractions, and so long as the placenta remains attached, so long will the labor be futile. Two turns of the cord about the neck of the child will often cause the same delay. A condition often occurs of this sort, wherein the life of the child is frequently saved, and the mother spared much suffering by the judicious use of the forceps. I allude to cases where the membranes are ruptured early and the waters drained off. The pains are severe, and the progress of labor slow. The uterine force seems spent in lateral pressure on the child. In such cases great danger accrues to the child. The character of the

pressure tends to arrest circulation between it and mother. As soon as the os will allow, apply the forceps and deliver, and save life and suffering.

If we note the presentations, we find ninety-five per cent. vertex. In all these cases, if any delay occurs, the forceps will facilitate. If our mission is to modify and remedy human suffering, then should we be up and doing that which is incumbent upon us. Shall we hug the delusive phantom of hope, while our patients are writhing in agony? Have we nothing more to offer, when appealed to for aid, but the confession of ignorance, displayed by the old crone whose ipse dixit is, "let nature take her course?"

The unfortunate reputation that too often attaches itself to the forceps, is due to the physician who will not familiarize himself with their use, when they are a sine qua non; he has neither the dexterity to apply them properly, nor the coolness or judgment to use safely. It is a material matter, also, to have the patient calm and confident. She can only be so when she knows you to be self-reliant and reliable; and you can only be so by familiarity and practice. The attendants add also much to the successful issue. they hold up their hands in holy horror at the mention of forceps, then are your best intentions often thwarted. Familiarize yourself and the people amongst whom you practice with the use of the forceps. Let both attendants and patients feel that they have a physician who is equal to any emergency that may arise; then, to both doctor and patient, is obstetrics shorn of the greatest part of its annoyances and anxieties.

AFFECTIONS OF THE EYE FROM SMALL-POX.

BY CHARLES J. KIPP, M. D., OF NEWARK, N. J.

The parts of the eye most frequently affected in Small-pox are the lids, the conjunctiva, and the cornea. The lachrymal passages, the vascular tunic, and the retina are comparatively seldom involved in Variola. For the sake of convenience, I shall treat, first, of the disease of the lids; second, of the lachrymal passages; third, of the conjunctiva; fourth, of the cornea; fifth, of the uveal tract and the retina.

The formation of pustules on the upper surface of the lids is always attended by more or less ædema, but is never followed by unpleasant consequences, unless a number of the pustules coalesce. In this case, the subsequent contraction of the cicatrix may produce a slight ectropion. If pustules are developed at the free edge of the lid, or in the intermarginal space, they not unfrequently cause disease or total destruction of the hair-bulbs. Distichiasis, trichiasis and permanent loss of the eye-lashes may be thus produced. The cicatrices left by pustules in this situation are very unsightly, and a constant source of irritation to the eye.

Hirschberg* is of opinion that true pustules are never seen at the intermarginal portion of the lid, and that the infiltrations observed there are of a diphtheritic nature, similar to those occurring in the mouth and nares in this disease.

Various means have, at different times, been employed

^{*} Berliner Klinische Wochenschrift, No. 24, 1871.

with a view to prevent the development of pustules on the lids, but as they all failed to accomplish this object, it would be useless to give a detailed description of the same. If pustules have formed in this situation, it is best to open them and to evacuate their contents. The edges of the lids should be bathed with warm water, so as to remove the crusts from the lashes, and some simple ointment may be applied to prevent the new formation of crusts. If the ulcers are slow in healing, they should be painted over with a weak solution of nitrate of silver, every day, and, in very obstinate cases, they may be touched with a finely-pointed crayon of the sulphate of copper, or the mitigated nitrate of silver.

The tear-conducting apparatus is only seldom affected in The disease most frequently produced under these circumstances is Blennorrhæa of the lachrymal sac. The only case of this affection that has come under my observation, occurred in a boy three years of age, whom I first saw about three months after he had had an attack of variola. His parents were positive that his eyes had been perfectly healthy previous to the attack, and that his present disease first manifested itself during convalescence from the variola. There can be no doubt that in this case the blennorrhœa supervened upon a severe inflammation of the lining membrane of the respiratory tract, from which he suffered during this attack. The symptoms differed in no respect from those observed in cases of lachrymal blennorrhœa produced by other causes. The usual treatment of slitting up the upper canaliculus, followed by the daily introduction of Bowman's probes and frequent syringing of the nasal cavity with warm salt water, caused the disappearance of the disease in about three months.

Hyperæmia of the conjunctiva, or conjunctivitis, more or less severe, occurs in nearly all cases of small-pox. The conjunctivitis usually commences during the first days of the

eruption, and may assume either a catarrhal, blennorrhoic or phlyctenular character. In the majority of the cases it presents itself in the phlyctenular form. The symptoms of this affection are so well known that I shall not describe them here. Previously healthy eyes are very seldom seriously injured by the conjunctivitis of variola, but if the conjunctivitis occurs in eyes already suffering from an affection of the conjunctiva or cornea, it usually greatly aggravates such affections, and not unfrequently causes loss of vision.

A man, thirty years of age, who had for some months been under my care for chronic blennorrhoic conjunctivitis and ulcer of cornea of left eye, and who was slowly recovering, was attacked by small-pox, for which he was treated in a hospital. The attack was quite a severe one. Immediately after his dismissal from the hospital, he returned to me for further treatment, and I then found the cornea of the left eye nearly destroyed, and the conjunctival disease much worse than at any time before the attack. His right eye was now also affected with the same disease as the left. The man is still under treatment, and there is some prospect that he will at least retain useful vision in his right eye.

Beer, Conradi, and most of the older writers on diseases of the eye, were of the opinion that the diseases of the conjunctiva and cornea, seen in small-pox, were caused by the formation of pustules on the conjunctiva and cornea. More recent observations have, however, shown that variolous pustules are only very rarely developed in these structures. Dr. I. T. Marson,* who has had exceptional opportunities for studying this subject, says: "Out of 1,500 cases, no instance had then or for some time afterwards come under his notice in which the pustules of small-pox formed on the eye. It does, however, happen now and then. In nearly thirty years the number



^{*} Reynold's System of Medicine, vol. 1, page 448.

of cases of small-pox admitted into the hospital has exceeded 15,000. Out of this number, twenty-six instances have been noticed in which the primary pustule has formed on the eye. It has not, however, in any one of these instances injured the eye in any way."

Of the more recent writers on this subject, Prof. Horner* is the only one who believes that the corneal affections occurring in variola are caused by the formation of pustules on the eye-ball.

In nearly all of the cases in which a pustule was developed on the eye, it was situated in the inner or outer quadrant of the ocular conjunctiva. It has never been seen on the cornea.

My own experience with regard to this point is limited to the following case: On the 30th of June, 1873, I was requested by Dr. Lehmacher to see a man, thirty years of age, who was suffering from a very mild attack of variola complicated with disease of right eye. The man had been vaccinated in infancy, but had not been re-vaccinated. There were but few pustules visible. I examined his eye on the fourth day of the eruption and found great ædema of the lids, severe congestion and considerable swelling of the ocular conjunctiva, and in this membrane, nearly midway between the cornea and outer canthus, was seen a round white infiltration of about the size of a split pea. The infiltration was in every respect like the so-called pustules present in the mouth and pharynx of the same man. The cornea was perfeetly transparent. Under the use of cold applications to the eyelids, the infiltration was soon thrown off, and the ulcer left by it healed without further treatment. Subsequently, after all the dried scabs had fallen off, an extensive and deep

^{*} Nagel, Jahresbericht ueber die Leistungen und Fortschritte im Gebiete der Ophthalmologie. 2 Jahrgang, Seite 197.

central infiltration was developed in the cornea of the same eye; of this I shall speak hereafter.

Variolous conjunctivitis usually passes away with the eruption, and in most instances requires no treatment. Cold applications to the eyelids are, however, of service in relieving the burning and smarting, and should be used in every case in which the inflammation is at all marked. If the conjunctivitis continues after the primary disease has passed off, it will be necessary to make topical applications of solutions of nitrate of silver or sulphate of zinc, to the conjunctiva.

The affection of the cornea may be said to be the most dangerous, so far as the sight is concerned, of all the various diseases of the eye, seen in small-pox. The lesion most frequently observed under these circumstances, is a circumscribed infiltration in the substance of the cornea. It rarely manifests itself before the tenth day of the eruption, and is most commonly seen about the fourteenth day. In some cases it does not, however, commence till some weeks after all scabs have fallen off. To the latter form some authors have applied the name of Post-Variolous Keratitis.

The number of cases of circumscribed corneal infiltration from variola that has lately been under my care, and of which I have notes, is twelve. In three of these the infiltrations were situated in the superficial layers, and in the remaining nine, in the middle and posterior layers of the cornea. Of the superficial infiltrations, two were located in the centre, and one was situated in the periphery of the cornea. The peripheric infiltration was formed during the suppurative fever, the central infiltrations during convalescence. In each of the three cases, the infiltration presented itself as a round, flat, greyish-white spot, of about the size of a lentil. The infiltration was soon thrown off, leaving an open ulcer which spread in circumference but not much in depth. In the case

in which the infiltration was situated at the margin, the ulcer extended over the entire lower half of the cornea, and involved about one-half of its thickness. The subjective symptoms consisted of pain in and around the eye, photophobia and lachrymation. More or less congestion of the episcleral vessels was present in each of the cases. They all did well, the sight being now nearly as good as before the attack.

Infiltrations in the deeper layers of the cornea were observed in nine cases. In two of these, several infiltrations appeared at the opposite margins of the cornea, during the secondary fever. At the time these patients came under my charge the entire corneæ were yellow and shriveled, and were shortly afterwards exfoliated. Total staphyloma was the result in both cases. In the remaining seven cases the infiltrations were situated in the centre of the cornea, and were developed either during the stage of desiccation or during convalescence. The symptoms of irritation were well marked in all of these cases. The infiltration which at first presented itself as a bluishwhite cloud in the posterior layers, soon increased in size and assumed a yellowish tinge. The layers immediately in front of the infiltration, were at first lustrous and transparent, but soon became dull and opaque, and were afterward exfoliated. In three of the cases hypopion was developed, and spontaneous perforation would, in all probability, have occurred in these same cases if this accident had not been averted by paracentesis of the cornea. Two of the cases were of more than ordinary interest. The first derives its interest from the fact that both eyes became affected,-an occurrence which is but seldom observed. In the left eye, deep-seated marginal infiltrations were developed during the suppurative fever, and caused destruction of the entire cornea and the formation of a total staphyloma. The cornea of the right eye showed no signs of disease till the primary disease

had passed off, when a deep-seated central infiltration formed which, fortunately, left but a faint macula. The second is the case already mentioned, in which a pustule was seen in the ocular conjunctiva, on the fourth day of the eruption. On the eleventh day, the skin being at the time free from scabs, and the ulcer left by the pustule on the conjunctiva having healed, a deep-seated infiltration made its appearance in the centre of the cornea. Extensive ulceration of the cornea and hypopion threatened destruction of the eye, but, after a very protracted convalescence, he was discharged, with a dense central leucoma of moderate size.

The results obtained in the nine cases of deep-seated infiltration were as follows: In five a moderate central opacity remains; in two the sight is much impaired by a dense central leucoma, but may be greatly improved by the formation of an artificial pupil; and in the remaining two, total staphyloma of the cornea followed the destruction of this structure.

A feature common to all the cases above referred to, was the extreme slowness of the process of repair, the length of time required for the complete cicatrization of the ulcer being in most of the cases from four to six months, and in a few, more than a year.

An examination of my notes, with reference to the severity of the primary disease in the above cases, shows that the gravity of the corneal affection by no means corresponded to the quantity or character of the eruption. Both mild and severe corneal diseases were observed in bad cases of variola, and one of the worst of the cases of eye disease above mentioned occurred in a patient who had only a few pustules on his face and neck. Ten of my patients had never been vaccinated. Total destruction of the cornea occurred in two of these; in one the disease left a dense leucoma, and in the remaining seven, a slight macula. Two had been vaccinated in infancy, but had not been re-vaccinated. Both were over

fifteen years of age. In one a dense central leucoma remains, and in the other the disease left a macula in lower half of cornes.

With regard to the causes of this disease of the cornea, we have as yet no positive knowledge. It is generally supposed to be due to a lowered vitality, resulting from the small-pox poison, but that such is not always the case, is apparent, I think, from the fact, that one of the largest corneal infiltrations observed by me occurred in a person who did not feel sufficiently sick to remain in his room till the eruption had disappeared.

The treatment pursued in these cases varied somewhat, according to the degree of the irritation present in each case. Instillations of a solution of the Sulphate of Atropine were The strength of the solution ranged from two to four grains of the alkaloid to the ounce of water, and the instillations were made three to six times daily. In cases in which there was a marked congestion of the episcleral and conjunctival vessels, tepid water fomentations were applied to the eye for half an hour to an hour at the time, three or four times daily; but if the symptoms of irritation were not very pronounced, warm water was substituted for the tepid. The fomentations were continued till the process of repair was well under way. In all cases the eye was protected by a bandage in the intervals between the fomentations, and for some time after their use had been stopped. The pressure bandage was applied only in cases in which the ulcer threatened to perforate. In two of the cases it became necessary to puncture repeatedly the bulged-out floor of the ulcer to prevent spontaneous perforation with all its serious conse-To relieve the ciliary neuralgia, subcutaneous injections of sulphate of morphia were made in the temple. The swelling of the conjunctiva, especially of the retrotarsal fold, which was developed in several of the cases after the protracted use of the bandage, required for its removal daily applications of a solution of the nitrate of silver (five grains to the ounce of water). To expedite the clearing-up of the opacities of the cornea, finely powdered calomel, or a weak salve of the yellow oxide of mercury (one grain to the drachm of lard) was applied to the conjunctival sac. In addition to a nutritious diet, some preparation of iron or sulphate of quinia was prescribed in every case.

Besides the circumscribed infiltrations of the cornea, other observers have met in small-pox with cases of parenchymatous keratitis, and neuro-paralytic ulceration of the cornea. As the symptoms of these affections are so well known, and the treatment is the same whether they are a complication of small-pox or not, it will be unnecessary to make further reference to either.

Of the diseases of the uveal tract which occasionally complicate small-pox, Iritis has been most frequently observed. v. Graefe* says that it is mostly of a mixed sero-plastic character, and that it appears to be always combined with serous choroiditis. Such, at least, was the case in more than thirty cases of variolous iritis which came under his observation. From this it would seem that simple iritis is never or, at all events, very rarely seen in the course of small-pox. The accompanying affection of the vitreous body may also induce posterior polar and cortical cataract, which will remain after the complete disappearance of the other anomalies.

Nagel† has also met with several cases of post-variolous iritis, in each of which the iritis was of a serous character, and accompanied by opacities of the vitreous. The course of the disease was favorable, although somewhat protracted.

According to Bouchardt the variolous iritis commonly



^{*} Archiv f. Ophthalmologie, xv. 8, p. 194.

^{† !} Nagel op. cit. p. 250.

attacks but one eye, and commences during the stage of desiccation. It is not preceded by an eruption of pustules on the lids or on the conjunctive, nor by keratitis. Its symptoms are pain in and around the eye, impairment of sight, injection of episcleral vessels, and sometimes discoloration of iris and sluggishness of pupil. Its course is on the whole favorable, and atropine produces speedy relief. Bouchard compares post-variolous iritis to the inflammation of the iris, which is sometimes observed simultaneously with rheumatism in gonorrheea.

The iritis of small-pox rarely manifests itself till after the scabs have fallen off, and is therefore not inappropriately called post-variolous iritis.

Leeches to the temple, frequent instillations of a strong solution of sulphate of atropine, and application of cold to the eye, are the means usually employed in this disease. Hypodermic injections of sulphate of morphine are sometimes needed to relieve the pain, and in severe cases it may become necessary to administer some form of mercury.

Von Graefe* makes mention also of a case of glaucoma supervening upon hemorrhagic choroiditis, occurring in a patient suffering from hemorrhagic small-pox.

Variolous Retinitis is apparently very seldom met with, as I can find the record of only two cases of this disease† in the literature of this subject at my disposal. As nothing to the contrary appears in the record, it is to be presumed that the symptoms and the treatment of this form of retinitis do not differ materially from those of idiopathic retinitis.

^{*} Archiv. f. Ophthalmologie, xv. 8, 198.

[†] Nagel, Op. Cit. page 180.

REPORT OF THE STANDING COMMITTEE.

The communications received by the Standing Committee upon the Medical History of the State have been unusually complete and promptly furnished. Twelve District Societies have an additional delegate by the early reports furnished by their Reporters. Bergen and Somerset counties alone have sent no reports.

The weather of the last summer was cool. The rainfalls were equally distributed, and at no time if we except a few days early in July, was there any period of excessive heat. The winter was exceptionally mild—the amount of snow was limited and the rain-storms frequent, usually terminating in clear weather without the prolonged humidity of atmosphere which is apt to characterize an open winter. The spring months were rough with high winds and but little spring warmth, causing a delay of vegetation till about the first of May.

The general health of the State has been good during the year; in many portions of the State unusually so. In

BURLINGTON COUNTY

no epidemic occurred, and there was a lack of intensity in the most of the cases of disease The only unusual form of disease noticed by the reporter is that of diffuse abscess, the history of which in several cases is detailed in the report for the county. In

CAMDEN COUNTY

a few obstinute cases of remittent fever occurred during the

fall months, complicated with bilious derangement, and when neglected assuming a continued fever, passing into a typhoid state. Enteric fever has been noticed as being remarkably on the increase during the past season. Catarrhal affections have been prevalent to an unusual degree, more particularly among children, generally of a moderate type. Pneumonia and other affections of the respiratory organs, and of great severity, have prevailed throughout the winter months. readily assuming a typhoid character, requiring a prompt, stimulating and supporting treatment. Rubeola and parotitis in young children have invaded almost every household in In the town of Winslow, in addition to the usual bowel affections of the summer, dysentery assumed a malignant form, while in the other villages there was an almost entire immunity from diseases of that nature. Pertussis has existed throughout the lower part of the county and still exists. Dr. Marcy reports less sickness in

CAPE MAY COUNTY

than in former years. There were more cases of remittent fever and less of intermittents than usual. Parotitis was epidemic, distinguished by the violence of the prodromic stage. Epidemic catarrh at present exists, running from slight colds up to lobular pneumonia in children, and pneumonia and pleurisy in adults. In

CUMBERLAND COUNTY

a sickly season is reported in Cedarville and Fairtown, where an extended epidemic of Scarlet Fever prevailed during the latter part of the winter, particularly fatal in the neighborhood of Fairton. It also prevailed in Greenwich. Rheumatism and Erysipelas were frequent in the county, and in most cases were referable to a bilious origin, the liver requiring attention to secure success for any mode of treatment. During the latter part of the autumn, influenza was epidemic assuming a serious form among children and aged persons. Parotitis has been epidemic in several localities among adults and children, the former suffering frequently by translation to the testes, and in one case reported, from the testes to the brain. One case is reported in which the testes bore the brunt of the inflammation from the first of the attack, the parotid escaping entirely. In

GLOUCESTER COUNTY

the reporter says we have but to notice a general tendency to intermittents in many cases, which do not at all times assume periodicity. The only epidemic has been parotitis which has been ubiquitous.

HUDSON COUNTY

has been visited during the autumn by malarial disease in the form of Intermittent, Remittent, and Typho-malarial fevers. Diphtheria appeared in October and November and assumed the epidemic form, continuing through December and January, showing no preference in locality or condition of social life; it appeared on the high and low ground, among the rich and poor. Puerperal Fever has been endemic during the winter, a number of cases proving fatal. Erysipelas and Scarlet Fever were also endemic during the same period of the year.

HUNTERDON COUNTY

has been visited by Scarlatina to a limited degree. The reporter states, that for many years the fact has been uniform, that this, as well as the other usual forms of disease, are most severe in character in the valley of the Dela-

ware and in the ravine districts, and become milder in proportion to the altitude at which they occur. In only one disease—colitis—does this law seem to be reversed. In

MERCER COUNTY

Whooping Cough, Scarlet Fever, Measles and Mumps have prevailed epidemically during the year. In November the State Normal and Model Schools were closed on account of the prevalence of Scarlet Fever. The reporter notices the poisonous effects of lead upon those engaged in the manufacture of pottery ware. This poison enters largely into the glaze upon the ware, which produces frequent cases of lead poisoning. He remarks that it is pitiful to see children of tender years suffering the agony of lead colic. He notices further a peculiar form of pulmonary disease, known as potter's asthma and potter's consumption, caused by the inhalation of small particles of clay, quartz and other articles which float in a pottery atmosphere—chronic bronchitis, emphysema, dilated bronchi, consolidation and destruction of lung tissue result, and post-mortem examinations show cavities and obliteration of the ultimate vesicular structure of the lungs. Noticing the health of Trenton, the reporter states that its annual death rate is double that for healthy districts, and rivals that of the most unhealthy cities. natural drainage of the city is obstructed, and no artificial drains have been made. The low and wet grounds have been filled in with street scrapings, ashes and other refuse, and houses have been built in these situations with reckless disregard for the health and welfare of those who occupy them.

In Hightstown, Dr. Deshler charges a remarkable degree of universal health to the closure of the drinking saloons of the town,—mumps have been their only epidemic.

Princeton is noticed also by Dr. Wicoff as distinguished by a remarkable degree of health.

MIDDLESEX COUNTY

has been visited by Rubeola, and in some parts of the county by fevers of the remittent and intermittent form. During the winter pneumonia was endemic, proving quite fatal with the aged, but tractable in other subjects. In

MONMOUTH COUNTY,

in addition to an extreme epidemic of whooping cough, made peculiar by the number of adults who suffered from it, there occurred during the winter an epidemic of Diphtheria of the most malignant and fatal character. One family lost all their children; saw one which was born as the last of them expired, this one escaped. During the spring the Reporter remarks that there has been a tidal wave of measles, an epidemic of not much interest or profit to the physician. Dysentery and Cholera Morbus in adults is noticed as endemic in Perrineville, as also Cholera Infantum, and less severe forms of bowel affections. In

PASSAIC COUNTY

the only epidemic was measles, which was general, and, as a rule, of mild type. Fevers have occurred as in the preceding years. In

MORRIS COUNTY

the year has been one of health. No epidemic is noted. The past two months have exhibited a more than usual number of Pneumonitic cases. Neuralgia, particularly of the

trigeminal type, is noticed as more frequent than in former years. In

SALEM COUNTY

Rheumatism was more prevalent than ordinary, and was in some cases of such severity as to resist treatment. As a general rule treatment was successful. Diarrhea was very prevalent during the summer, and especially so during the winter and spring. It is one of the most frequent complications of fevers, rendering them obstinate to treatment and protracted in duration. Heart affections and sudden deaths therefrom are again noticed, as they have been in the last two or three years, as on the increase in that section of the State. Phthisis, the Reporter says, is steadily on the increase among us, and the array of symptoms called Dyspepsia seem to be general among the people. In

SUSSEX COUNTY

Cerebro Spinal Meningitis is noticed as occurring last spring in a mild form, and limited in the number of cases. In the winter and present spring Pertussis and Scarlet Fever were epidemic. Other forms of disease were unusually rare. In

WARREN COUNTY

the Reporter notes the prevalence of Pleuro Pneumonia and Diphtheria at Hackettstown, of Scarlet Fever and Measles at Stewartsville, of Intermittent and Remittent Fevers and Pneumonia at Belvidere, genuine Typhus at Hope. The amount of general sickness having been greater during the past winter than during the one previous.

UNION COUNTY

reports the year as one of health,—local epidemics occurred of limited duration. In Elizabeth there has been a marked decrease of periodical fevers. Malarial influences were

diminished by the fact that city improvements did not, as in former years, require the turning up of the soil for excavations and opening of new streets. Measles have prevailed here also to an unprecedented extent. In Westfield, malarious diseases have been more general than for the last eighteen years. In Rahway, the ever recurrent Intermittent fever is reported by Dr. Selover, persistent in its attacks and with a strong tendency to recur. The street improvements in progress during the year are supposed to furnish the cause of the increase and obstinacy of the disease. Dysentery also appeared in a severe and fatal form in the neighborhood of Rahway. Pneumonia has been frequent in the county during the winter, and in some places prevailing. Scarlet Fever has existed in the usual degree, and of mild form. Variola appeared in a somewhat peculiar form in Westfield, and is described by Dr. Kinch, in a paper furnished to the Reporter. Dr. Oakley also furnishes a notice of cases of Typhoid Fever, severe and, in several cases, fatal, in the history of two families who had occupied a house, the atmosphere of which was poisoned by the obstruction of the drain from the bath-room and water-closet to the main street sewer. The history of this house impresses us with the conviction. as the doctor remarks, that in very many of our best residences, improperly constructed drains and connections will account for much dangerous sickness.

In regard to the

TREATMENT OF DISRASE

the reports furnish many valuable suggestions:

Hydrate of Chloral is commended by one as the most valuable remedy we possess in the management of Whooping Cough, especially in children, administered as early as possible after the whoop appears, and continued at regular intervals of from two to four hours. Improvement is usually apparent

in two days, in most cases. When the whoop has existed for any length of time its effects are not so apparent,—to secure its good effect it must be regularly administered, so that the effect of the remedy may be steadily maintained.

The Reporter for Warren county quotes Dr. Clark, of Belvidere, as remarking that almost all cases of Pneumonia are successfully treated on the principle that it is a self-limited disease, needing only sustaining and quieting treatment, this is effected by the use of some form of opium, to the point of relief from pain and restlessness. Verat. Viride or Digitalis as a heart quieter—stimulants and nourishment as each case demands.

The Reporter for Sussex adds his testimony to the good effects of ice in the sore-throat of Scarlatina, applied in a bladder open at both ends and tied around the middle by a broad band, one or two inches wide, forming a pair of saddle bags. It is now tied at the ends by tape, and fitted under the jaws and secured around the head by the tape strings to keep it in position. This should be continued till the danger is passed. For the treatment of Dysentery, Dr. Thomason initiates the treatment by a brisk saline purgative, Sulph. Magnes. preferred. He uses this in all cases unless too much debilitated, and even in those cases which he has heretofore regarded as too much in that condition. This measure is followed by opiates, with demulcent or astringent injections as the case subsequently demands. Dr. Mattison, of Morris, calls attention to the deep injections of chloroform for the relief of typical cases of Tic Doloureux. He refers to four cases in which the success of this method of treatment was complete, and such as to commend it to the attention of all interested in the healing art. The details of one of the cases are given in the report.

In Hudson county, as in former reports, the Bi-Sulphite of Soda is highly commended, by some of the physicians, in the treatment of Diphtheria and other toxic diseases, and is by them largely relied upon as a curative agent. Others who have used it have not discovered any special benefit resulting from its use. Some of the medical men of this county have been led, from their observations, to question the value of alcoholic stimulants, in any form, as a curative agent, or as promising any virtue in sustaining the vital powers when under the depressing influence of disease or exhaustion. Dr. Morris details a series of cases in which his success in treatment without alcohol was satisfactory and fully equal and, he believes, greater than in cases treated with stimulants. In closing his report of cases, the Doctor says, "Before closing these notes of practice, I would raise my voice in condemnation of the custom (shall I say habit) that we, as medical men, have fallen into, of ordering alcoholic stimulants for all persons and all diseases, when, as yet, the fact stands out before us, that no one has informed us when they are positively indicated. Nor has any writer demonstrated beyond fear of contradiction any positive benefit to be derived by those who partake."

Before closing this part of the report, the Committee notice the commendation by some of the Reporters, of the new alkaloid of Peruvian Bark, known as Cincho Quinine. Dr. Schumo, of Sussex, whose practice requires a large administration of Bark, remarks that he now uses Cincho Quinine to the entire exclusion of the Sulphate of Quinine, and finds that it answers? ully as well—he is perfectly satisfied with the result of his three or four years' experience. He gives it in about the same dose. His plan of prescribing it, is to mix it with finely powdered Gum Guiac, thoroughly, in a mortar, one part of Quinine with two of Guiac, mixing the powder with honey which entirely conceals the taste. He also forms it into pills with molasses. The Reporter for Morris employs it largely and with much satisfaction.

The Committee addressed to each of the Reporters the following enquiries:

What have been your observations and those of your medical associates upon the use of Chloral Hydrate; also upon Hypodermic Medication?

And one other—Do the prescriptions of physicians, as a general thing, tend to make drunkards?

The replies to these enquiries have been full, and the reports in detail, where published, will be found to be interesting and instructive. For the purposes of this report a synopsis only is called for:

Dr. Gibbon, of Salem, remarks that Chloral is extensively used in his vicinity, more so than in other parts of the county. As a Hypnotic, rapid in its action, it has no rival in all forms of nervous excitement unattended with pain, and is free from the unpleasant effects of Opium except as it occasionally causes nausea-given in doses of from ten to seventy grains, twenty grains being a medium dose. Miss Sarah McIntosh. M. D., commends its use in the first stage of tedious labor. particularly in primiparæ. She regards it as the most valuable remedy we possess in this relation. In twenty grain doses it moderates the pains, hastens dilatation, and leaves the patient in so comfortable a condition that she dozes off between the pains, and after delivery almost immediately falls into a refreshing sleep. Without producing the complete insensibility which accompanies the use of chloroform or ether, and without being supplemented by nausea or vomiting, it has, in ordinary cases, nearly all the advantages which attend the use of those anesthetics.*

^{*} The writer of this report had just read this commendation of Miss McIntosh when he was called to a case of labor. It proved to be "the first stage of tedious labor," and a primipara. He gave twenty grains of the drug, which arrested the force of the pains and had no effect upon the dilatation of the os. This condition was so long delayed that when it did occur, the exhaustion consequent upon the prolonged labor rendered necessary a resort to the forceps. He was caught once, but only once, in much the same way, in the earlier days of chloroform, to which he resorted to hasten uterine relaxation.



In Camden county the drug is used with satisfactory results, particularly where opiates are inadmissible. Care is advised in its persistent use, for it may not be steadily increased without immediate danger, and it should be avoided in all cases where chloroform is inadmissible.

In Union county a difference of opinions exists in regard to its use, some of the medical men seldom use it, and regard it as a dangerous medicine, while others esteem it of great value. Combination with morphine, in the observations of Dr. Silvers, secures excellent effects. Dr. Tomlinson never gives over ten grains, and states that by its use one of his patients, addicted to the use of opium, was entirely weaned from it by small and increasing doses of Chloral. The same testimony in breaking up the habit of using morphine, is given by the Reporter of the same county. He further states that he has used it continually in his practice for three years without bad results in any case. He has failed to derive benefit from its use in Delirium Tremens.

In Warren county, Dr. Cook uses it occasionally in nervous patients, and seldom finds it to produce unpleasant effects. He combines it with Brom. Potass., seldom giving more than ten grains of each in cases requiring a nervous anodyne. Dr. Clark has used it extensively, but it has disappointed him so often that he now uses it less frequently, but regards it as a valuable remedy in cases dependant upon exhaustion of nerve power. He remarks, that in cases of Puerperal Mania and Delirium Tremens, Brom. Potass. and Morph. combined will do, in most cases, all that he ever saw claimed for Chloral. Dr. Hartpence has employed it in cases of Mania a Potu with most satisfactory results. Dr. Paul's opinion is unfavorable; he now uses it but very seldom. He derives more benefit from its use in Neuralgia than in any other form of disease. Dr. Crane says that its effects are uncertain, producing at times an alarming degree of prostration, and in one instance, a fatal result followed the administration of a small dose. The Reporter uses it but seldom, and is careful in giving it, in lung affections and in enfeebled heart action. In the restlessness of Chronic Phthisis, although its hypnotic effects are speedy and so far satisfactory, yet its succedance are unpleasant, leaving a prostration of nerve power, and a congested pulmonary circulation.

Dr. Culver, of Hudson county, regards it as a most valuable agent for many cases requiring prompt relief from pain and sleeplessness—has never known it to fail to induce the desired anæsthesia within a brief period of its administration. He has used it, with equal success, combined with the Mur. of Morphia and Brom. of Potassium. The largest dose he has given to an adult is 31, repeated if necessary once or twice, rarely more times, and at half hour intervals. effects have followed its use in his observation; nevertheless, he believes that it deteriorates the oxygen-carrying capacity of the blood, and impairs all the vital functions, for a time. Its therapeutical use should therefore be restricted to certain temporary emergencies, and it should never be administered day after day for a long period continuously, and its use should be interdicted to all who from exhaustion from any cause are in a state of extreme anæmia. The Doctor has employed it in repeated small doses and in various combinations for the relief of asthma, and to moderate the cough in Phthisis and Pertussis. It answers the purpose temporarily, but possesses no notable value in these cases.

Dr. Buffett, of the same county, remarks that the effects of Chloral have not in his experience been so reliable, nor in all cases so pleasant as to lead him to prefer it to other standard remedies of similar action. When, however, these cannot be used, Chloral has its appropriate place as a substitute.

Dr. Marcy, of Cape May, says of his own experience and that of those with whom he is associated, that their impres-

sions of the remedy are not favorable. It disappoints as frequently as it answers their expectations.

In Mercer county, it is used largely by the physicians, but not so indiscriminately as when it was first introduced. Patients in a certain stage of excitement from drink are more benefitted by Chloral than by any other treatment. In the Insane Asylum, Dr. Ward reports that there it is invaluable, and that it may be continued for months as a Hypnotic without injury to the health, and without producing a habit as does opium.

The Reporter of Morris county remarks, that as a soporific pure and simple Chloral stands without a peer; as an anodyne no reliance whatever is placed upon it. It is used largely in Morris county, and in no instance with recognized ill effects.

The reporter for Gloucester county, Dr. Garrison, obtained replies to enquiries made from 12 of the physicians of the county with the following result, which we give in his succinct and original way:

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As to its Safety, - - - 2 pro, 2 con.

As to its General Utility, - 11 pro, 1 con.

As a Hypnotic, - - - - 11 pro, 1 con.

As an Anodyne, - - - - 3 pro, 9 con.

As a Sedative, - - - - 2 pro, 10 con.
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In Sussex county, Dr. Maines considers Chloral without a parallel in nervous diseases, such as Hysteria, Tetanus, and Epilepsy. He uses it in combination with Brom. Pot., and believes its effects are better so given than when alone. In nervous disorders, such as Neuralgia, etc., he combines it with morphia. Dr. Moore uses the remedy in cases of cerebral disease, contra-indicating the use of Opiates; also in Whooping Cough, in combination with Belladon. and Per. Mang. of Pot. Dr. Westfali has had success in allaying by its use paroxysms of spasmodic asthma.

The second subject of enquiry is

HYPODERMIC MEDICATION.

Dr. McLean, of Monmouth, whose experience in this remedial procedure is extensive, commends the injection of morphia as the most efficient mode of relief in patients suffering from incurable and painful diseases. Also for the cure of acute pains in cases of renal and biliary calculi-in Intercostal Neuralgia and the pleuritic pains common in the advanced stages of Phthisis-in Sciatica-in Cholera and Cholera Morbus. He used it with benefit in a case of Cerebro Spinal Meningitis, also in a patient who had from twelve to twenty convulsions daily from an affection of the spinal cord; also in Puerperal convulsions, and in two cases of flooding, one ante-partum, the other post-partum. syringe in his hands is chiefly employed in administering Morphia in Solution. He has, however, employed Quinia in malarial fevers in a few cases; the effect upon the disease was favorable, but the injected points were affected subsequently by abscesses.

Three cases of varicose veins of the leg were cured by the injection of a single drop of per. sulph. of Iron in several of the most prominent points.

The Reporter for Camden remarks, that the indiscriminate employment of Hypodermic Medication is injudicious. The blunted sensibility thereby produced in many cases prevents a correct diagnosis. In Salem county it is a recognized and valued means of relief in all the severer forms of pain and suffering. The Reporter for Warren remarks upon its general employment, and upon the promptness and efficiency of its action, more especially in the use of morphia—its saving of time and speedy relief in cases of violent suffering.

Dr. Culver, of Hudson, after remarking that his experience of Hypodermia is confined to two cases, states that it has

come to his knowledge that very many unexpected deaths have suddenly followed the injection of morphia. Dr. Morris, of the same county, relies upon it as possessing magical power in the relief of pain.

Dr. Marcy, of Cape May, is familiar with its effects in the injection of morphia and, in a few cases, in the injection of strychnia, in two cases of Typhoid disease in subduing nervous irritability. He has no doubt that in one case life was saved by the injection of 1-20 of a grain every six hours. In another, where extreme restlessness was present and inability to sleep, the same dose quieted the restlessness and induced sleep, after Chloral and Opium had both failed.

Dr. Bodine, of Mercer, remarks, that practically, morphia is the only drug for hypodermic injection, and that any one who has seen the instantaneous and complete relief of the most severe pain which hypodermic morphia effects cannot doubt that it is one of the most valuable of our therapeutic resources. Its value in cases of mania cannot be over-stated, and it may be said that the introduction of Brom. of Potassium, Chloral, and Hypodermic Morphia marks an era in practical medicine.

The Reporter for Morris county says that a large experience warrants an emphatic verdict in its favor,—morphia, atropia, strychnia, quinia, and chloroform have been the agents employed in frequency as cited. The latter agent was used in an atrocious case of trifacial Neuralgia, with remarkable results, a full report is herewith appended. Quinia in a case of typhoid fever did not benefit the patient. Strychnia in a case of obstinate neuralgia was used with much advantage. Morphia is the agent chiefly employed combined with atropia, regarding the effect of one increased by the other, and believing that any over action of either, if given alone, will be held in check by the antidotal properties of the other.

Dr. Westfall, of Sussex, uses hypodermic morphia con-

stantly when a quick relief of pain is indicated, and, as yet, has to meet the first case where ill effects are produced.

Dr. Ryerson, of the same county, has used the hypodermic syringe for at least ten years, and with the happiest results and without accidents. He uses it invariably in every case of acute pain, such as colic, or severe accident, or on the invasion of pleuritis, or extraordinary after-pains, strangulated hernia, gravel, biliary calculi, etc., etc. In detailing his experience the Doctor also furnishes some practical rules for the management of the syringe, which are recommended for publication in full.

Dr. Garrison, of Gloucester, says that the views of his Society upon hypodermy are harmonious. The almost universal remark being, "I should scarcely know how to get along without it." One only demurs, "having found better and more reliable" means. "I am at a loss to know, says he, "what 'means' are referred to; another lamentable instance of 'the unequal diffusion of knowledge.'" The Doctor's whole report is as racy as it is instructive.

The report upon Hypodermic Medication, extracts from which have now been given, warrant the following conclusions:

- 1st. It is very generally in the hands of the medical men of the State, and by many of them very extensively employed.
 - 2d. It is a safe remedial procedure.
 - 8d. It is chiefly valuable in subduing pain and suffering.
- 4th. Morphia in Solution is the drug most extensively employed, and practically the only one on which general reliance is placed.

The third enquiry made by the Committee is, "Do the prescriptions of Physicians, as a general thing, tend to make

This is not strictly a question of medical Drunkards?" science, and yet it is a question belonging to medical history. Physicians are too frequently charged by over-zealous, though honest reformers, as standing in the way of temperance reform, by the unwarrantable and indiscriminate recommendation of alcoholic stimulants. It seemed appropriate by the Committee, at this time, to call forth the testimony of our medical men upon the result of their observations upon this subject. It is sufficient to say that the enquiry has been uniformly met by an universal and emphatic No. Not one has noticed a single instance of intemperance as caused, so far as known, by a physician's prescription. Many speak of the recognized danger of such prescriptions in certain cases, and of the caution they are led to exercise. "The charge is made," as Dr. Bodine says, "for the most part by two classes of people, those most intemperate men who are seeking to make all men sober by legislative enactment, and those cowardly drunkards who, with the spirit of the first man Adam, are seeking an excuse for their own weakness and orime." It is no part of the Committee's design to discuss here the therapeutical value of alcohol as a drug. This is a question which, like all others of its class, is open to a wide diversity of sentiment. The sentiments expressed in the replies furnished in the reports, satisfactorily show that the best interests of the people in regard to the abuse of alcoholic drinks, may be safely confided to the discreet and conscientious judgment of our medical men.

The Committee have in this report refrained from noticing any cases of interest, because there are so many and they are so well reported that their reading when published will be more satisfactory.

The necrology of the year is as follows:

DB. JNO. F. WARD, Newark,
H. B. NIGHTINGALE, Flemington,
LEWIS C. COOK, Hackettstown,
S. ABERNETHY, Rahway,
F. MARKOE WRIGHT, Englewood,
JOHN HOMEYMAN, New Germantown.

HENRY A. DOBRIDGE, Orange,
CHAS. McKNIGHT SMITH, P. Amboy,
HENRY VANDERVEER, Somerville,
R. M. COOPER, Camden,
F. K. TRAVIS, Mattawan,

STEPHEN WICKES,
S. C. THORNTON,
THOS. RYERSON,
Standing Committee

APPENDIX

TO

REPORT OF THE STANDING COMMITTEE.

In Memoriam.

JNO. F. WARD, M. D.,
Born September 28, 1815. Died July 11, 1873.

HENRY B. NIGHTINGALE, M. D., Died September 10th, 1873. Aged 50 years.

LEWIS C. COOK, M. D.,

Born December, 1818. Died January 10, 1874.

SAMUEL ABERNETHY, M. D.,
Born February 22, 1806. Died February 13, 1874.

FRANCIS MARKOE WRIGHT, M. D.,
Died March 16, 1874. Aged 43.

JOHN HONEYMAN, M. D., Born February 22, 1798. Died January 2, 1874.

gu Memoriam.

HENRY A. DOBRIDGE, M. D.,
Died at Orange, October 10, 1873. Aged 73.

CHARLES McKNIGHT SMITH, M. D., Born September 29, 1803. Died February 3, 1874.

> HENRY VANDERVEER, M. D., Died February 13, 1874. Aged 82.

RICHARD M. COOPER, M. D.,
Born August 30, 1816. Died May 24, 1874.

F. K. TRAVERS, M. D.,

Born June, 1840. Died July 24, 1873.

OBITUARIES.

JNO. F. WARD, M. D.

JNO. F. WARD, M. D., was born in Bloomfield, New Jersey, September 28th, 1815, and died in Newark, July 11th, 1878. His preliminary education was derived from the schools in his native town. He read medicine with his uncle, the late Dr. Eleazer Ward, of Bloomfield, and graduated in medicine from the Jefferson Medical College in Philadelphia, in 1836. The same year, soon after graduation, he settled in Newark, New Jersey. It is said of him that he sat in his office for six months without his first "pay patient." However this may be, when he died, he had acquired a luxurious competence, which he might have retired upon to live at ease, but he nobly preferred to endure the cares and toils of a very large practice.

The character of Dr. Ward was such as peculiarly fitted him for the profession to which he was so ardently attached. He never deemed it necessary by change of manner, to distinguish between the physician and the man, and seldom bore to any the former relation, by whom he was not also esteemed as the ever-welcome friend. However large his knowledge—as true learning is always simplest—his language never placed his patients and companions at a seeming inferiority. The technology of medical science was seldom obtruded into the sick-room, and never with the purpose of impressing his patients with the largeness of his acquirements, or with the desperateness of their condition.

Genial and sympathetic by nature, he has left the record of the modest Christian gentleman, as well as that of the solicitous and faithful physician, in every home where he was called to minister; for his service was the highest style of ministry, not less to the mind diseased and to the sorrowing heart, than to the ailing body. In a sense in which it is no irreverence to compare the disciple with his Master, Dr. Ward truly imitated the Great Physician, who "himself bore our sicknesses and carried our infirmities." That he bore the sicknesses of his patients, not only in the chamber of their sufferings but in his thought everywhere, was the witness of all those who

have heard him at the family altar and in the place of social prayer, where, with the earnestness he sought for spiritual blessings, he plead for guidance to the appropriate remedies for their recovery. So thoroughly was he of those households in which he was the chosen physician, that, not less from a high conscientious regard for these, than from a devoted love for his profession, his single unwisdom was in that disregard of his own requirement for rest and recreation, which, at a too early age, has bereft us of his pleasant companionship, his large experience, and his acknowledged skill.

True to the dignity of his profession, despising all shams and empiricism, modest as he was able, as a physician, or friend, and a citizen, Dr. Jno. F. Ward will long be affectionately remembered by his brethren, and in the homes where his loss is yet so deeply mourned.

FRANK K. TRAVERS, M. D.

BY H. G. COOKE, M. D.

Dr. Travers was born in Dorchester county, Maryland, about eight miles from Cambridge, the county-seat, in June, 1840.

At an early age he manifested a fondness for medicine. This desire increased with age, and after completing his educational course, commenced the study of medicine, and graduated at the Maryland University, at Baltimore, in the session of 1860. After receiving his diploma, practiced for a time in Baltimore, then removed to Seaford, Delaware, where he remained until invited to become the partner of the late Dr. A. B. Dayton, of Mattewan, New Jersey, in the winter of 1869 and '70. In this partnership he continued till the death of Dr. Dayton, in July, 1870, where he remained in charge of the practice.

As a physician and surgeon, he gave evidence of ability and love for the profession. In his personal relations he was friendly and courteous; just and upright in his dealings, a firm advocate of professional etiquette. He was held in high esteem by his professional brethren, and by a large circle of sympathizing friends and patrons.

Up to the fall of 1872 he was in possession of apparently good health, but his labors weighed upon his constitution, and developed a rapid hereditary consumption. For more than six months he was unable to attend to business, and died, full of hope, July 24th, 1873. The funeral services were held in the Presbyterian Church at Mattewan, July 27th, and the remains conveyed to Glassboro, Gloucester county, for interment.

LEWIS C. COOK, M. D.

BY P. F. BRAKELEY, M. D.

LEWIS C. COOK, M. D., son of Doctor Silas C. Cook, was born at Stewartsville, Sussex county (now Warren), New Jersey, in December, 1818. Shortly after his birth, his father removed with his family to Hackettstown, in the same county, where he engaged in an extensive practice of his profession, and where his son Lewis was prepared to enter Princeton College, where he graduated in 1838. After reading medicine with his father, he received the degree of Doctor of Medicine from the Medical department of the University of Pennsylvania, in 1842.

He succeeded his father in his practice, and soon after entered into copartnership with Dr. William Rea. This partnership was continued, with the mutual confidence and respect of the parties, until Dr. Rea retired from the active duties of his profession, and was succeeded in 1850 by a younger brother of the deceased, John S. Cook, M. D. This partnership continued until 1857, when Dr. Cook removed to Chicago, Ill., where he pursued his professional labors to the satisfaction of himself and friends, until 1861, when the declining health of his family compelled him to return to the East; where he renewed the partnership with his brother at Hackettstown, and continued in this connection until prostrated by his last illness.

Dr. Cook married Mrs. Janet Pierson, in March, 1852, by whom he leaves an only son. His wife's death preceded his by several years. He never re-married, but devoted his leisure hours to the education of his son, and solacing the declining days of an aged and honored father.

On January 11th, 1874, after suffering from an attack of Typhoid Fever, of sixteen days' duration, he passed away in the full possession of a Christian hope, being sustained by that faith in which he had lived, as taught in the Presbyterian Church, of which he had long been an esteemed and worthy member.

Dr. Cook was a man of fine personal appearance, of an easy and graceful address, and of a lively and social temperament, which, in connection with his intrinsic worth, rendered him an agreeable and desirable companion.

He was an active member of the Medical Society of his county, and frequently represented it in the Medical Society of New Jersey. He was excelled by no one in the love of his profession, and in the aptitude with which he practiced it in its various branches. He was modest in demeanor, frugal in his taste, a man of genuine truth, and of incorruptible integrity; abhorring charlatanism in every form, and ever ready to oppose all his

influence and strength of character against the practice of illegitimate medicine. He was kind and benevolent to the poor, warm and inflexible in his friendships, and commanded the entire confidence of the community in which he lived.

JOHN HONEYMAN, M. D.

FROM THE "FAMILY MEMORIAL,"

JOHN HONEYMAN, eldest son of James Honeyman and Mary Miller, his wife, was born in the immediate vicinity of New Germantown, Hunterdon county, New Jersey, 22d day of February, 1798, where he spent his whole life with the exceptions of the time he was absent at college and the time he attended medical lectures.

He was the grandson of John Honeyman, whose part performed in the Revolution is so vividly and graphically described by the pen of Judge Van Dycke, in "Our Home," a magazine published in Somerville, New Jersey, in 1873.

The Doctor was a very sedate, orderly, truth-loving boy; many of his young days were spent in school of Earnest Harelius, pastor of the Lutheran Church in that place, and who likewise kept a select school, in which he made such proficiency that in 1816, in the eighteenth year of his age, he undertook the management of the school himself, which he conducted very successfully, and had the reputation of being a good Latin and Greek scholar and excellent teacher.

He then went to Middlebury College, in Vermont, where he continued until his health, owing to close confinement, failed him.

He then returned home, and placed himself under the care and instruction of Dr. William Johnson, of White House, four miles from his father's residence, and usually walked that distance to and from his recitations, which proved beneficial to his health.

In 1822, he entered the Medical Department of the University of Pennsylvania, spending two winters there, and on his return, in 1824, he commenced the practice of medicine in his native village, and in November, 1825, he, Jacob Shillman, —— Dobbins, and —— Suydam were examined by the Board of Censors of Somerset county, and, passing satisfactory examinations, they all received their licenses to practice.

His field for practice was a very extensive one, and was soon fully occupied and managed by him. In 1827, he joined the District Medical Society

of Hunterdon, and continued a member for many years (till 1856), was Vice-President and President of the Society; and when age and his remote residence from the Society began to be felt, he asked to be dismissed, the Society granting him an honorable discharge.

He early espoused the cause of education and free schools and of temperance, in the cause of which he was most indefatigable. He joined the Presbyterian Church, under the pastoral charge of Wm. Blauvelt, D. D., at Lamington, in 1834, and was made a ruling elder in 1855. In seasons of revival he was very active and a very successful help in the good work.

He continued his labors until a very few days of his decease, which took place 2d January, 1874.

As a practitioner he had the confidence of all who knew him, and the love and respect of the profession. He was conservative, not dropping old and well-tried remedies for new and uncertain ones; and yet he kept himself posted in what was going on in the profession, and ready to adopt any and all changes that were proved truly to be to the benefit of the profession and patient. Of him it may be said professionally, "he died in the harness," continuing to practice until taken down with his last sickness; his patients clung to him like children to a parent, and he could not refuse the appeals of the distressed.

At about thirty years of age he married Miss Elizabeth S. Nevius, daughter of Judge Peter S. Nevius, of Pleasant Plains, Somerset county, New Jersey. They had one daughter, Maria Louisa, who married Judge H. D. Maxwell, of Easton, Pennsylvania, and three sons, namely, John C., who was educated with much care for the profession of his father; Peter N., who is a merchant in his native place; and A. V. D. Honeyman, attorney and solicitor at law, in Somerville, New Jersey, who all survive him to mourn their loss, which in reality is his gain.

SAMUEL ABERNETHY.

DR. SAMUEL ABERNETHY was born in Tinicum Township, Bucks county, Penn., Feb. 22d, 1806. His mother died when he was three years old, and his father, before he had reached his thirteenth year. Being thus early left an orphan, he was sent to pursue his studies with the Rev. Mr. Boyd, of Newtown, Bucks county, Penn. From there he went to Union College, New York, where he graduated in the year 1827.

He commenced the study of medicine with the eminent physician and surgeon, Dr. Delos White, of Cherry Valley, Otsego county. From there he entered the Medical University of Pennsylvania, graduating in 1830; directly after he was appointed Surgeon to the Hospital in Philadelphia, and honorary member of the Medical Society of Philadelphia. In March, 1831, he removed to Rahway, where, at the age of twenty-five, he commenced practice, and which was the scene of his labors until his death, which took place February 13th, 1874.

He had an extensive practice, and was widely known as an eminent physician and surgeon. His genius was too great to allow his reputation to be merely local. Neighboring cities and States acknowledged him a peer, and brought to him their tribute. Notwithstanding his great merits, he was peculiarly unostentatious, and was never known to speak of what he had done, but seemed always to be looking forward to what he could do in the future.

Forty-three years as a practitioner, would naturally endear one to his patients; but the rare ability, genial spirit and characteristic unselfishness of Dr. Abernethy endeared him to the people of Rahway in a manner rarely known.

He was a bachelor, and could therefore be said to be truly wedded to his profession, not for his own emolument, however, but for the good that through its agency he could do his fellow creatures. He was reticent and reserved in disposition—his silence was proverbial—yet the young as well as the old felt their gatherings incomplete without him.

He was truly Rahway's own, and his death caused such a demonstration as was never before seen there. Meetings of the city authorities and of the citizens were called and resolutions passed. His body lay in state in the First Presbyterian Church, from which he was buried, some hours before the funeral, which was largely attended by citizens, officials and the medical profession. Business was suspended and flags at half-mast, showed plainly that the place of his labors mourned a great man and a good, gone.

The District Medical Society of the county of Union, of which he was the first President, attended the funeral services in a body, and drafted the following resolutions:

WHEREAS, The District Medical Society of the county of Union, has heard with heartfelt regret of the death of its oldest and one of its most esteemed members, Dr. Samuel Abernethy, of Rahway; and while we would be submissive to the will of an all-wise Providence, we would place on record our tribute of respect to the memory of our deceased brother; wherefore,

Resolved, That in the ability and devotion he so long manifested in his

profession, in his kindness and courtesy of manner, shown both to his professional brethren and to his patients, and in the characteristics of a good citizen, he has endeared himself to all who knew him.

Resolved, That his memory will be cherished with respect and grateful remembrance.

Resolved, That a copy of these resolutions be sent to the family of the deceased, and that they be published in the Rahway Advocate and Times, National Democrat, Elizabeth Journal, and the Central New Jersey Times, of Plainfield.

T. N. McLean,

Recording Secretary.

CHARLES McKNIGHT SMITH, M. D.

CHARLES McKNIGHT SMITH, M. D., who died at Perth Amboy, New Jersey, on 3d February last, at the time of his death was one of the oldest physicians in practice in this State. He was born at Haverstraw, in the county of Rockland, and State of New York, on 29th September, A. D. 1803. His father, Samuel Smith, was a lawyer who pursued his profession in that county, and also in the adjoining county of Bergen, in New Jersey. On the side of his mother, Dr. Smith was a grandson and named after Dr. Charles McKnight, who is known and honored as one of the prominent surgeons connected with the American army during the war of the Revolution.

Having no partiality for the profession of his father, Dr. Smith selected that of medicine, and studied with Dr. John Cornelison, of Haverstraw. He attended the courses of medical lectures at the New York Medical College, from whence he was graduated with honor, on the 9th April, A. D. 1827.

After receiving his diploma, he commenced practice in the county of St. Mary, in the State of Maryland. He remained in that place but a short time, not finding the prospect as encouraging as he could wish, and removing from thence, settled in Perth Amboy, where he continued to reside, and was recognized as the most prominent physician, until the day of his death. When he commenced his professional life in Perth Amboy, and for many but succeeding years, his practice was not confined to that place, extended to those parts of Staten Island and South Amboy where there were no resident physicians. As these latter places could be reached only

by crossing the Sound and Run that separated them from Perth Amboy, between which there were no regular ferries established until of late years, the work of a physician was rendered much more laborious than if better means of communication had existed. There are but few of his profession who underwent more exposure or sustained more fatigue than did Dr. Smith, while in the vigor of life and the height of practice; none could have borne them more cheerfully, or with greater zeal and faithfulness.

The arduous nature of his work did not prevent Dr. Smith from taking an interest in public affairs, and particularly in those of Perth Amboy. While differing in sentiment politically with the majority of its citizens, he was called upon quite often, and without any solicitation on his part, to fill positions in the city government, and as often sustained political opponents for such situations in preference to political friends. Still his own views were very decided, and he espoused warmly the side of his own convictions. No one worked harder or did more effectual service for his political friends, within the limited sphere to which his operations were confined, and his opponents always gave him full credit for the efficiency of his work. After the great political contest of 1840, in which he had taken an active part, had terminated in the success of General Harrison, Dr. Smith received the appointment of Collector of the District of Perth Amboy, then regarded as one of the highest Federal offices in the State. He held this position for but half the time for which he was commissioned, owing to the disorganization of his party, caused by the death of General Harrison. When General Taylor was elected, in 1848, Dr. Smith again was appointed to the same office, which he continued to hold for the full period of the term. When General Grant came in as President in 1869, the same office for the third time was conferred upon him, filling it for the length of his commission, and in 1873, on the re-election of General Grant, his commission was renewed. Soon after his confirmation, his health, for the first time during a long and an active life, began to fail, and the disorder that terminated eventually in his death, to be developed, and resist the skill and science of the best medical attendance. The loss of no person in the community where he had resided so long, and with the interest and prosperity of which he had been identified so intimately, could leave a greater void; and the large concourse of people who gathered at the funeral ceremonies is the best evidence of the regard and esteem entertained for his memory by those among whom he was known so well.

For many years, Dr. Smith was the Health Officer of the city where he had labored so long, and at the time of his death and for thirty years pre-

viously, had been a member of the Vestry of St. Peter's Episcopal Church. In the peaceful cemetery of that church, whose altars look far out upon the deep, with the ocean waves breaking along the shore, he sleeps among the early honored dead, whose feet in life went up its paths to worship God.

HENRY VANDERVEER, M.D.

DR. HENRY VANDERVEER was the son of Dr. Lawrence Vanderveer, of Roycefield, Somerset county, New Jersey, an eminent physician, who enjoyed an extensive and lucrative practice for a long lifetime, and was one of the founders of the Medical Society of New Jersey in 1766. The subject of this notice was born in the paternal homestead, was educated in the academy in Somerville, graduated at Princeton College, and attended medical lectures in Philadelphia.

He married Miss Mary Ann Frelinghuysen, the eldest daughter of General John Frelinghuysen, and commenced practice in the field so long occupied by his father, residing in the paternal mansion.

He subsequently removed to the vicinity of Somerville. In June, 1846, he made a profession of religion and united with the First Reformed Dutch Church in Somerville. This profession he adorned by a life of godliness.

As a physician he was faithful, judicious, and successful. He continued the practice of his profession until a few years before the end of his life; indeed, many of his old friends refused ever, while he lived, to have the attentions of any one else.

Happy in his children, abundantly provided for in worldly things, with a good hope in Christ, he went down to his last years contented and happy. His end was peace. He died on the 13th of February, 1874, aged 82 years and 3 months; and we may write on his tomb, "the memory of the just is blessed."

FRANCIS MARKOE WRIGHT, M. D.

BY D. A. CURRIE, M. D., F. R. S.

Francis Markoe Wright, M. D., died at the residence of his uncle, Dr. Markoe, New York, March 16th, 1874, aged forty-three. His death was not unexpected, as he had been an invalid for months, suffering from acute pulmonary disease; the result, no doubt, of long exposure

while in service of his country. Soon after his resignation therefrom he was attacked with fever, from which he never fully recovered, although not once on the sick-roll during the four years' campaign. Dr. Wright was born in New York, 1830, and graduated in 1848, at the University of the City of New York, with honors. Although he had in his own mind chosen the profession of medicine, he yielded to his father's wish and served one year's apprenticeship at the mercantile business. Such pursuit proving entirely distasteful to him, he returned to his first love and began the study of medicine with Dr. Markoe. In the year 1853, Dr. Wright graduated at the College of Physicians and Surgeons, and was chosen house surgeon of the New York Hospital, which position he filled with great credit to himself, and satisfaction to the Hospital government, for two years and six months; after which he engaged in private practice in the City until 1859, when the position of Assistant Physician to the Utica Insane Asylum was offered and accepted. There he remained until the cry for good and faithful surgeons to care for neglected soldiers, resounded through the land. He resigned his position from a sense of duty, and was appointed surgeon to the Second New York Cavalry, where he remained for four years-constantly on duty—ready and willing to afford aid and comfort when required. After leaving the service, he located at Englewood, New Jersey, where he soon received the confidence of the people as an accomplished physician.

Two years ago he made a tour to Europe for the recuperation of his health, which was fast becoming undermined from the rapid strides of Phthisis Pulmonalis. Soon after his return to this country, he was elected President of the Bergen County District Medical Society, which position he held a the time of his death.

At the annual meeting of the District Medical Society, held April 14th, 1874, the following resolutions were proposed and adopted:

WHEREAS, It has pleased Almighty God to remove from this world our President and friend, F. Markoe Wright, M. D., while humbly bowing to this dispensation of an all-wise Providence, we, who shared his toils and witnessed his devotion to the exalted duties of our self-sacrificing profession, may be permitted to give some public expression of the feelings which so sad an event cannot fail to excite; therefore,

Resolved, That in the death of Dr. Wright, this Society has lest an able and prominent member, the community a highly-esteemed and gentlemanly physician and devout Christian.

Resolved, That during his professional career, he distinguished himself by a blameless life, an honorable character, genial sympathies, reverence for

truth, and respect for the rights of others; and in his jealous watchfulness over professional purity and honor, he left us an example worthy of imitation.

Resolved, That to his bereaved relatives we tender our heart-felt sympathy, invoking for them Heaven's choicest consolations, and assuring them that we shall ever cherish in our hearts pleasant memories of his life.

RICHARD M. COOPER, M. D.

BY JNO. V. SCHENCK, M. D.

RICHARD M. COOPER, M. D., was born in the city of Camden, New Jersey, August 30th, 1816. His ancestors settled in New Jersey in 1678. For two hundred years the family has been distinguished for intelligence, refinement, and wealth. His father, Richard M. Cooper, filled many positions of honor and trust. As Presiding Judge of Gloucester county, Member of the State Legislature, Representative in the National Congress, and President of one of our most successful moneyed institutions, he ever presented the character of stern integrity and rare business capacity. He lived to a ripe old age, and the reputation he left behind him, the Doctor nobly emulated.

Richard M. Cooper, M. D., entered the Literary department of the University of Pennsylvania in July, 1832, and graduated July, 1836. He matriculated in the Medical department of the University of Pennsylvania in October, 1836, and graduated in 1839.

His medical studies were under the supervision of Professor George B. Wood. Endowed by nature with a strong and vigorous intellect, together with habits of application and observation, the Doctor laid broad the foundation of a rich store-house of medical attainment. After his graduation he located in the city of his birth, and there practiced medicine for thirty-five years with distinguished success. He rapidly gained the position and deservedly ranked at the head of his profession. Not satisfied with present attainments, he diligently sought to keep pace with medical progress. It was remarkable how well he informed himself on medicine in all its branches, even while attending to the demands of an enormous practice.

Gout, an ancestral inheritance, developed itself in 1854. Its encroachments were gradual, but year after year impressed its inroads upon his stalwart frame. Notwithstanding the disability of disease, and not allowing the possession of wealth its usual influence, he kept steadily on in the

practice of his profession. He loved it for the good it enabled him to do. He was never so happy as when ministering to the sick. He always evinced the warmest interest for his medical brethren; the weight of his influence being ever at the command of the deserving. Medical Societies in all parts of the country had his earnest well wishes; but, to those of his native State, county, and city, to which he was attached as a member, he was always ready to give his time, his talents, and his means.

Six months preceding his death, (which occurred May 24th, 1874,) he was confined to his house. Dyspepsia, Albuminuria, and at the close, a Metastasis of Gout to the Brain, closed the career of one endeared to his patients by his medical skill, his kind attentions, and his proverbial generosity. He made strong the ties of professional concord with his medical brethren, and was the light of the domestic household.

Now that the grave has closed over all that was mortal of Richard M. Cooper, we have still this assurance from his own lips to cheer us, "I have an abiding faith in the efficacy of the atonement of Christ."

HENRY B. NIGHTINGALE, M. D.

DR. HENRY B. NIGHTINGALE died at his residence in Rosemont, 10th September, 1878, aged about fifty years. He was the son of the Reverend —— Nightingale, Baptist minister of Doylestown; was well educated, graduated in Philadelphia, was a member of the District Medical Society of Hunterdon county, a scientific and judicious practitioner, and member of the Baptist Church. He left a widow and large family to mourn his loss.

REPORTS OF DISTRICT SOCIETIES.

BURLINGTON COUNTY.

To Chairman of Standing Committee, &c.:

The last twelvemonth was characterized by comparatively little sickness, no epidemic, and even the lack of intensity in The most unusual form of disease most of the severe cases. which I saw in May, 1873, was Diffuse Abscess, the history of which is as follows: May 25th, visited Alex. Montgomery, age 42 years. On the 20th, he worked on the Camden turnpike—and for a time in the rain. He was then very stout and healthy—accustomed to hard labor. On the 22d he was too unwell to work. His left side over the ribs was tender. swollen, and painful. The pain became permanent and very severe; and neither day nor night could he sleep. During this time he was attended by a so-called homeopath, who gave him, in large doses, morphia and quinia. The first time I saw him was on the 25th; he was then moribundus. His breathing was frequent, short, and much oppressed. cool, and covered with a colliquative sweat. Pulse 120. regular, and corded. Mind clear; face hippocratic. Around the alce nasi, an unusually broad violet circle. Cheeks very red but not warm. The centre of the swelling was over the sixth rib, and when he was sitting erect, perpendicularly below the axilla. It was red, hot, doughy, and pitted on pressure without an increase of pain. He died the next morning.

June 12th, I saw L. H., aged seventy years. Had been unwell more than a week. 9th was too sick to attend to business. Had diarrhæa, and once emesis. Pulse eighty, skin cool, and breath fetid. From the derangement of stomach and bowels had recovered. He was much prostrated. On the right cheek, below the malar bone, was an eruption, the superficial area of which equalled that of a two cent piece, and resembled the bullæ of pemphigus, excepting the centre of the dermis which was black. Also, he had a fetid, red, and watery discharge from the nose. He died on the morning of the 18th, of Malignant Vesicle.

July—Cholera Morbus, Diarrhoea, Dysentery, and Gastritis were common diseases, and readily yielded to treatment. In the north-west corner of this county, Intermittent Fever and Rubeola were also common diseases. Infants and adults, as heretofore, were the subjects of Intermittent Fever. Heat, following rains—or a combination of the two, often—independent of the location, preceded an increase of the number of its victims. The disease was cured by Sulphate of Quinia or Sulphate of Cinchonidia; and a return of the disease anticipated and conveniently and cheaply kept off by small doses of Chinoidine, daily and for a long time taken.

The forenoon of July 18th was clear and warm; soon after noon a dark nimbus of great extent, arose in the north-west, and with it lightning and thunder. The storm crossed the Delaware, struck this county on its north-west extremity, traveled in an easterly direction, and reached Mount Holly much subdued. It closed a severe drought, and was twelve miles in extent and four in width. The whirlwind, accompanied with lightning, thunder, roaring, rain, the breaking of trees, etc., was sufficiently demonstrative. Directly, the most severe hail-storm, so far as we know, that ever visited this county, lasted almost an hour. Very many of the hail-stones were disks, over two inches in diameter and an inch in

thickness. The nuclei and circumferences were semi-lucid, the intermediate parts transparent, and they had a strong piney taste. Buildings were greatly damaged. Many farms lost all their crops—particularly those called "truckers." A long and severe drought immediately preceded this great storm; and for this month, this storm supplied the greatest rain-fall. But during the storm, and for more than a week afterwards, the temperature was much lower than before. For this reason only, I suspect that there was not an increase It is, I think, probable that the piney taste of of sickness. the hailstones was due to the ozone in the air; and if so, it is fair to presume it may have been in excess. Neither did any of the diseases increase in number or intensity, which have been said by Schonbein, Boeckert, and Pfaff, to exist when ozone was present in considerable quantity. Nor did that other disease-Cholera,-which, in the opinion of some, is due to a diminution of ozone, make its appearance.

During August, September, October, and November, the people, in the language of Quincy, possessed "the faculty of performing all actions proper to a human body in the most perfect manner." And if the vocation of the physician were a sinecurism, this would have been the time for its exemplification.

December—the customary diseases of this season—inflammations of the respiratory organs, Rheumatism, Scarlatina, Rubeola, etc., were of mild grades, and the customary types. The efficacy of the Iodide of Ammonium, externally and internally, was tried in Perityphilitis; the patient recovered whilst taking it. From previous and subsequent trials, I believe this is more reliable than the Iodide of Potassium.

On the 9th, immediately following the delivery of the child, an irregular contraction of the uterus occurred. The parturient was, as soon as possible, anæsthetized, and the hand, but not without considerable effort, was forced through the constriction, and the placents removed.

January, 1874. On the 4th of this month, commenced to attend a case of Pelvic Cellulitis, following abortion. This was remarkable for its intractableness and duration,—lasting four months. For several weeks no position was tolerable but the recumbent. Large doses of narcotics were taken hypodermically, per orem, et per anum. Those given in the last manner were most beneficial. Various external applications were tried, and the most prominent alteratives taken; but none could compare with Hydrag. Bichlorid. The patient recovered.

For the first four months of 1874, there has been the usual amount of sickness. The cases have yielded to treatment, and were of various kinds. During the whole of this medical year, Enteric Fever appears to have been less frequent than usual. Nervous diseases are apparently on the increase, and almost all diseases assume an asthenic form, and demand a supporting treatment. Even Pneumonitis is seldom accompanied with a full or strong pulse. Indeed, in the majority of these cases, a depleting treatment would induce a typhoid state. The practice of Sangrado of Valladolid—"to bleed the patients and make them drink warm water," would be as fatal now, as Gil Blas has shown was their practice.

Upon Chloral Hydrate and Hypodermic Medication, Dr. Gauntt remarks as follows: "I have had some years' experience in the use of Hydrat. of Chloral. I have found it a most valuable and reliable remedy,—one that will always hold a conspicuous place in the list of remedies for the speedy relief of suffering. Its effects upon the nervous system are sure, active and speedy, and should be used with as much care as formic acid or chloroform; in fact, I believe its depressing effects upon the nerve centres, in over doses, are more dangerous and less under control than inhaled chloro-

form. It should never be used in large or full doses in combination with Morphine or Bromide of Potassium. I have found it useful in the various forms of insomnia of infants, children, and adults. It relieves the pains of rheumatism and neuralgia, and alleviates the suffering of pneumonia and other thoracic affections. Its after effects are less noticeable than any of the preparations of opium.

"My experience with the hypodermic use of Morphia warrants the conclusion, that in it the medical profession possesses a power with which they can allay, and sometimes permanently cure, the most agonizing pains that human flesh is heir to. This, not unlike many of the remedies used by the medical profession, is a weapon with two edges; it will relieve with one and may destroy with the other. I also am of the opinion that this should be used alone. With my experience I would never use it in conjunction with the internal use of morphine, chloral, or bromide of potassium. A short time since, a patient had administered to him 13 of Chloral, gr. of Morph., by a stomach tube; fifteen minutes later, of a gr. of morph. hypodermically. The patient died while sitting in his chair, in less than fifteen minutes after the last remedy, and before the attending physicians got out of the house, notwithstanding that they both declared before leaving the room that the patient was sure to recover in the course of a few days.

"The post-mortem revealed no clue to the sudden termination of life. The conclusion, however, was that death resulted from a spasmodic affection of the esophagus and acute inflammation of the larynx.

"The continued use of the hypodermic injection of Morphia is productive of serious evils, and, like the use of other remedies of the sporific class, is creating for itself a fearful record. To withdraw it after long use is almost impossible, and is always followed by violent neuralgic pains."

Dr. Sharp, of Medford, reports a case of Puerperal Convulsions treated by Verat. Virid. hypodermically: physician in attendance had bled the patient freely before the Doctor was called, and given Bromide of Potash and Tinct. Veratrum, without effect. After a brief interchange of views, it was agreed to give the Veratrum by hypodermic injection. Consequently, three drops of Norwood's Tinct., diluted with water, were thrown into the arm, soon after a severe paroxysm had subsided. Another convulsion came. but it lasted only half the time occupied by former ones. The remedy was then repeated, soon after which the pulse was much lessened in frequency, while there was not then, nor afterwards, any recurrence of spasm. The pulse came down to sixty beats per minute after the third exhibition of the Veratrum. The patient remained motionless and entirely free from spasmodic contractions during the remainder of the day, till 71 P. M., when labor seemed to be well established, and resulted without accident or difficulty.

The following meteorological observations were made by my friend, Thos. J. Beans, observer for the Smithsonian Institution; whose "instruments are nicely accurate, and observations carefully made. The melted snow is included in the rain column, so that it represents all the precipitation of moisture."

1878.	MAX,	MIN.	MEAN.	RAIN, INCHES.	snow. Inches.
May,	83 ° 91 ° 94 ° 87 ° 87 ° 76 ° 57 ° 71 ° 9	41° 55° 64° 57° 46° 80° 20° 18°	59 ° 88 70 ° 83 76 ° 83 71 ° 52 64 ° 74 53 ° 28 36 ° 2 86 ° 56	8.64 1.70 6.97 9.29 8.68 4.96 4.45 1.51	.25 8.

1874.	MAX.	MIN.	MEAN.	RAIN. INCHES.	snow inches,
January, February, March,	72° 67°	6 ° 6 ° 19 ° 25 °	85 ° 85 81 ° 48 89 ° 9 42 ° 66	4.8 2.62 1.43 8.4	7. 20.25 .25

July 18th, the hailstorm.

September 15th, first frost.

October 26th, first killing frost.

December 17th, dense haze, Indian Summer weather.

S. C. THORNTON, Reporter.

Moorestown, May, 1874.

COMMUNICATION BY DR. E. P. TOWNSEND.

There was unusual exemption from disease of all grades for our section. Intermittents prevailed to a much less extent than usual, and of so mild a type that the aid of physicians was seldom asked. A few cases of remittents; no typhoid. Scarlatina and rubeola occasional cases, also of mild type. In obstetrics, I have had no particular trouble, except in one case, where puerperal convulsions occurred, and were controlled by sub-cutaneous injections of verat. virid. I have used chloral and bromide of potash pretty extensively during the last year, and with good success.

One case, that of Capt. J. W. Miercken, I report in full on account of its physiological importance, developed by the post-mortem, and because of the difficulty incurred in the diagnosis.

Capt. Jno. W. Miercken, act. 78, was first confined to his bed in July, 1873 had always been a hearty, robust man, and followed the sea for upwards of thirty years, as master of one of the celebrated Cope Line of merchant vessels.

Dr. A. W. Taylor, who first had charge of the case, writes me as follows:

"I first saw Capt. Miercken Oct. 11th, 1872, when I was consulted with regard to an enlargement of the cervical glands; as to his previous history he was what is generally called robust, although he had for years been

troubled with chronic rheumatism and a tendency to constipation, and has never used liquors either regularly or excessively.

"There was also some difficulty in urination, caused by enlargement of the prostate. I first saw him, in connection with his final illness, on March 18th 1873, on account of a difficulty in urination, which seemed to be due to inflammation at the neck of the bladder, but was found to be from enlargement of the prostate, and I was obliged to use the catheter more or less regularly for about three months. This was the only clearly defined ailment until about the middle of June, although there had been complaint of uneasiness in the epigastric region, which afterwards became a positive and continued pain, and in July, an enlargement, hard, but not excessively sensitive, appeared five or six inches below the ensiform cartilage, distinctly felt on pressure as it rose and fell with pulsations of the abdominal aorts.

"There was no nausea. Not feeling clear in my diagnosis, Dr. Gauntt was called in consultation. After a careful examination of the case it was decided to be Incipient Schirrus, and the subsequent treatment was directed mainly to the support of nutrition—bark, iron, milk punch, etc., being the principal articles used.

"He was persuaded by friends to try Homoeopathy, and my attendance ceased Sept. 9th, 1873."

After this the case was in the hands of homoeopaths until spring, and was diagnosed as a case of Cirrhosis; meantime I am informed his appetite was remarkably good and his diet list at his own discretion.

On April 1st, 1873, I was called to see the case, and found the patient lying on his back, fearfully emaciated, without appetite, bowels responding to injections, kindeys acting regularly, no use of limbs except a slight movement of the right hand; slight edema of feet and lower extremities.

Was taking no food and using no medicine; intellect entirely clear; was taking large quantities of sherry wine to allay the gastric pain. There were also extensive bed sores on the back.

I stopped the use of the wine, and gave Chloral and Bromide of Potash to quiet the pain and promote sleep, and Sp. Am. Aromat. as a stimulant. His appetite improved, and he remained quite comfortable until his death, which occurred on 18th of April.

In consequence of the mysterious character of the case, an autopsy was requested and the privilege granted. Assisted by Dr. Taylor, I examined the case, with the following result:

AUTOPSY.—Upon opening the cadaver, the skin and cellular tissue were found of the natural color, no biliary deposit or stain; adipose and muscu-

lar tissues absorbed. Lungs—large, well-developed and entirely healthy. Heart—normal in size and condition. Stomach—healthy in appearance, no thickening of the coats at either extremity—external coats paler than usual. Liver—size about normal, perhaps slightly atrophied, smooth over entire surface, no interstitial deposits, section rather more granular in appearance than usual, and darker in color. Gall Bladder—entirely changed in appearance; coats white, no bile, but entirely occupied by a calculus of the size and shape of a pigeon's egg; the nucleus a true biliary calculus surrounded by white crystals of cholestrin. Gall Duct—entirely obliterated. Lymphatic and Mesenteric Glands—enlarged and hardened, but the microscope fails to reveal any schirrus development. Spleen and Kidneys—healthy. Aorta—from arch to bifurcation ossified.

The prominent effect of disease in this case having been the loss of the power of assimilation and consequent failure of nutrition, and the absence of facts to prove either diagnosis correct. The result of the post mortem leads us to the following conclusions:

First.—There was not enough disease of mesenteric glands to destroy their functions.

Second—The presence of the biliary secretion in the bowels is essential to proper chylification.

The ossification of the aorta probably had little to do with the result, except to weaken the force of the circulation.

The most interesting part of the case, in my mind, is physiological. I have frequently opened bodies and found the gall bladder thoroughly impacted with calculi, but in all such cases found the liver enlarged, congested, and the skin and cellular tissues deeply stained with the biliary secretion. If the liver, seemingly healthy in appearnce, did not secrete bile, what became of it? If it did not separate it from the blood, how does it come that it did not exhibit some more serious form of disease in the patient? Or shall we infer that the liver and its secretion, so long the scape-goat of many eminent physicians and physiologists—and particularly of all quacks and tonic venders—have been over-well traduced and reviled?

CAMDEN COUNTY.

To Chairman of Standing Committee, &c.:

The serious illness of our regular Reporter, Dr. R. M. Cooper, and the unexpected duty of furnishing the report of

diseases incident to our County for the past year, devolving upon me but a few days since, must be sufficient apology for its briefness, and, I may add, for its lack of interest or novelty, as but little material outside of Camden City and its immediate vicinity, is in my possession.

During the summer months, the usual diseases appertaining to that period prevailed, but not to that extent as in former seasons; and the immunity from infantile disorders of a serious nature was observed by all. The month of August, (which is generally the most trying month in those diseases,) favored us with continued and heavy rains, which had the effect of lessening the number as well as the mortality of cases of Cholera Infantum.

Diseases of the Alimentary Canal in adults, were also of less frequency, and, although Diarrhœa and Dysentery were prevalent, they were amenable to treatment.

The advent of Cholera, at this time prevailing in some parts of the United States, was anticipated by us all; but, I believe, in the city of Camden, only three cases were reported, one proving fatal. The active exertion used by the Sanitary Board of the City Council, in conjunction with the Sanitary Committee of the Camden City Medical Society, during the heated term, no doubt assisted in a great measure to prevent the spread of contagious or malignant diseases in Camden.

The autumnal season presents us with the usual Malarial fevers, but, as regards the localities in which they prevail in Camden city, as in former years, a marked change will be noticed. The outskirts or suburbs are still affected, while the central portions of the city, and river fronts, where proper drainage and culverting has been introduced, but few cases occur. In fact, although some years since Camden was proverbial for the prevalence of Intermittent fever, at the present time, by judicious sewerage and drainage, the number of cases met with yearly will (in proportion to the popula-

tion,) compare favorably with our opposite city, Philadelphia. Some few obstinate cases of Remittent fever occurred during the fall months. These were complicated with biliary derangement, and, when neglected, assuming a continuous fever, passing into a Typhoid state. Enteric fever (as described by Prof. Geo. B. Wood,) has been noticed by the medical profession here, as being remarkably on the increase during the past season. Dr. A. Marcy, at the meeting of the Camden City Medical Society, in his report of diseases, furnishes two interesting cases occurring in the practice of Dr. A. Mecray. In the first, a female of about thirty-five years of age, there were present all the symptoms of genuine Enteric fever, but upon every other day a distinct chill occurred during the course of the disease, followed by an increase of fever, and great prostration, sickness of the stomach, etc. Quinia was tried repeatedly, in full doses, without any effect upon the chill or fever. The interval between the chill and fever was one of a good degree of fever; nevertheless, the urgency of the symptoms and the marked periodicity of the chill, made it imperative to give quinine. All was of no avail; the chills recurred every other day until near the close of the second week, when she sank and died of exhaustion. The second case was well-marked, mild in its type, and seemingly progressing towards health. At about the end of the second week the patient appeared to be improving, was able to lean upon the elbow and talk to the doctor; in good spirits and good condition every way, not unusually weak. A few minutes after the doctor left the house in the morning, after a pleasant chat with him, she requested to be helped out of bed to the chamber vessel, which was done, and, upon being placed back in the bed, she suddenly turned blue, and died. Post mortem revealed a clot in left ventricle, and large, firm clot in the beginning of aorta. As Dr. Marcy further remarks, the case is one of

great interest, as showing how small a thread human life often hangs upon, even when scientific and skillful men can see nothing serious impending.

Catarrhal affections have been unusually prevalent this season, particularly among children, but generally of a moderate type. Pneumonia and other diseases of the Respiratory organs have prevailed to a marked extent during the early part and also throughout the winter months, and with great severity—cases readily assuming a typhoid character requiring prompt stimulation and supporting treatment.

Exanthematous Fevers have not been met with to that extent as last year, with the exception of Rubeola and Parotitis in young children, which have invaded almost every household in our city, more particularly in the southern portion. The cases of Scarlatina reported have seldom assumed the malignant form, being mostly of the anginose and simple variety. One interesting case is reported in the practice of Dr. I. B. Mulford, of Camden, of malignant form, which threatened the life of the little sufferer for several days, and was followed, as soon as convalescent, by an attack of Rubeola.

Cases of Variola have been rare. The epidemic in Camden two years since, which prevailed throughout our community, has had the salutary effect of intimidating the poorer classes, and offering but little obstacle to the prosecution of vaccination. Neuralgia, Rheumatism and Erysipelas have frequently presented themselves, and in several cases a complication of the former with the latter diseases have been observed.

Dr. J. W. Snowden, of Waterford, reports an unusually healthy season, in that section of the county, during the past twelve months. "In the town of Winslow, during the summer months there was the usual prevalence of affections of the bowels, Dysentery having a great tendency to assume a malignant form, while, in the other villages, there was almost

an entire immunity from diseases of that nature." As much of the land near Winslow is covered by low water, the Doctor thinks it may account for it, although other malarial diseases seldom prevail. He also further reports, that Sub-Acute Rheumatism has been quite prevalent during the winter and spring,—Bronchitis and anginose affections of the throat prevailed during the last two months; also a few cases of Pneumonia. "Pertussis," he says, "has been epidemic throughout the lower part of the county all winter, and still exists."

In taking a cursory view of the sanitary condition of our county during the past year, I think the general average of sickness will compare favorably with that of last report. Remittent fevers were more frequently met with, and Enteric fever considerably on the increase. Diseases of an epidemic nature have not prevailed as in former years, with the exception of Rubeola and Parotitis, while diseases of the respiratory organs have been more frequent and troublesome, particularly in the catarrhal form as they prevailed among children in the early part of the autumnal season, and continued throughout the winter months. Pneumonia should also be reported as assuming a typhoid tendency, requiring almost at the outset stimulating and supportive treatment.

In reply to the inquiries regarding Hypodermic injections and the use of Chloral Hydrate, I have not had an opportunity of obtaining from the experience of the medical profession here their views upon either question, with the exception of Dr. J. W. Snowden, of Waterford, whose views coincide with my own—"That in Hypo endermic the indiscriminate use of them is injudicious." I think, in many cases, after annulling sensation, it prevents a correct diagnosis, and consequent treatment in the after stages of disease. Chloral Hydrate is used with satisfactory results, particularly in cases where opiates are inadmissable, but not with the

effect as claimed when first introduced. Care should be observed in the persistent use of the drug, for, not like the administration of opium or its preparations, the dose cannot be steadily increased without immediate danger; and in all cases where chloroform by inhalation would not be advisable, we should avoid its use.

As regards the habits of intemperance induced by physicians prescribing the alcoholic tinctures, my own experience does not favor it. We know that the habitual use of liquors is increasing to an alarming degree, but if any censure is thrown upon the medical profession, is it not (as Dr. Snowden observes,) "More to the use of the vile nostrums in the form of 'Bitters,' to be found in all drug and country stores, which afford a covert means of indulgence in alcoholic drinks, where saint and sinner, male and female, old and young, avail themselves of them."

The following cases, as reported last September to the Camden City Medical Society, by Dr. A. Marcy, and coming under his professional care, are worthy of record:

CASE OF HIP-JOINT DISEASE, RESULTING IN A VALVULAR OPENING INTO THE BLADDER.

"Willie B., about six years old, suffering from Potts' disease of the Vertebræ, began to show symptoms, in January last, of hip disease. The case gradually progressed until the fully formed acute symptoms of that disease were present. The diagnosis was confirmed by Prof. S. D. Gross, of Philadelphia.

The little sufferer was placed upon tonics and built up to a satisfactory degree, without any amelioration of the acute symptoms about the joint, and preparations were being made to put a splint upon the leg, when, by the advice of some friends, the patient's mother took him to a Homeopath, in

Philadelphia. He gave him some little white tasteless powders, and after a few days' use of them there occurred a discharge from the bladder of what seemed to be pure pus; sometimes before the urine and sometimes after. The quantity at the first was described as being about a tablespoonful. This was continued for several weeks, but for some time now it has only been occasional. Your reporter never saw any of it, but the mother described it as matter from a gathering. Immediately upon its appearance in the urine, the acute symptoms began to decline, and the child was enabled to have the leg handled without so much pain. Of course the powders got the credit of bringing away the disease by the bladder, but to myself it was evident that the pus from the hip-joint had found its way into the bladder probably by a valvular opening, and thus relieved the joint by a spontaneous discharge of the products of inflammation. patient remains in the condition of a case of hip disease after the acute stage has passed."

In obstetrical practice, he reports two interesting

CASES OF FACE PRESENTATION.

"In the first case, labor progressed as follows: In the evening I saw the patient, a strong, well-formed woman; os dilated about the size of quarter dollar; pains crampy and frequent, without much being accomplished; presentation easily made out, vertex anterior; do not remember which side. After some time McMunn's Elixir of Opii was prescribed, and the case left till morning. In morning found very slight progress in dilatation of os. Patient had been eased by the opiates, and now the presentation was a face, distinctly made out, vertex anterior. Effort to alter position, by placing a finger on each side of nose and trying to flex

the chin on the breast, at the same time twisting the head on the neck, was successful, and the vertex dropped into the cavity of the pelvis in a posterior position, making three positions for the head, so far. It was left here until the os was so dilated that forceps could be applied. At the first effort with the forceps, the head was felt to rotate anteriorly, and by giving the handles liberty to turn, it actually made complete rotation, and was delivered in a vertex anterior position after the forceps had been taken off, making four positions during the labor. There was in this case an excess of Liquor Amnii, which, doubtless, allowed the position to change from vertex to face before the membranes were ruptured, and assisted in restoring the head to vertex position again.

"The second case was diagnosed through a small os uteri, about size of a quarter dollar, and flabby membranes still intact. Anodynes were given and the case left to nature. Pain subsided, and remained quiet for twenty-four hours. Pain came on again, and child was expelled in vertex anterior position, without any interference on my part."

H. GENET TAYLOR, Reporter.

CUMBERLAND COUNTY.

To Chairman of Standing Committee, &c.:

In submitting the medical report of our district for the year 1873-74, there is little found that may be worthy of special mention. Dr. R. M. Bateman, however, reports a sickly season in Cedarville and Fairton. An extended epidemic of scarlet fever raged throughout that section during the latter part of the winter, particularly fatal in the neighborhood of Fairton. Scarlatina also prevailed widely in Dr. Stathem's

practice at Greenwich. Sporadic cases have occurred in Bridgeton from time to time in a comparatively mild form. In a portion of the fatal cases brain symptoms seemed to predominate. The depressing effects of the poison would obtain a supremacy over the disease before it had run its course; in others, after continuing favorably to near convalescence under good control, a typhoid state would supervene, and sink the patient in spite of stimulants and tonics. Adults were attacked as well as younger members in many of the families. Nothing new has been offered for treatment. Remarks similar to the foregoing may be made in regard to diphtheria. The persistent employment of iron and quinia seems, however, to accomplish a better result in this disease.

The summer of '73 was dry and intensely warm. Hepatic and gastric disorders were of average occurrence. Infantile cholera and diarrhoa were not nearly so prevalent as during the summer before, and usually amenable to treatment.

Rheumatism and erysipelas were frequent, and in nearly every case were referred to a bilious origin. The liver requires attention to ensure success for any mode of treatment.

Dysentery was at one time a dreaded accompaniment of our autumnal fevers. They have all diminished greatly of late. Agriculture has been so advanced in our district that the low and marshy lands have been reclaimed; and our sanitary condition is so greatly improved, that the fruitful sources of malaria have been nearly all removed, and the fall fevers, with all purely miasmatic diseases, have resultantly almost wholly disappeared.

During the latter autumn and winter influenza prevailed extensively, a disease that assumes a serious character among children and aged persons with deteriorated vital powers. Pneumonia and bronchitis were frequently met with. When the former assumes a typhoid character, it becomes with us a serious disease, otherwise is usually amenable to treatment.

Sore throats of every style have been scattered throughout the year. Only a few cases of typhoid fever have been reported. Neuralgia is often met with by our physicians, and all find quinia necessary for its relief.

Mumps has prevailed epidemically in several localities of our district during the winter and spring. Dr. Bateman speaks of the disease as occurring in nearly every house, and among adults equally with the children. Male patients suffered frequently by a translation of the disease to the testicle, thus rendering an otherwise harmless affection a serious matter. In one of Dr. Bateman's patients the translation was continued from the parotid to the testes, and thence to the brain. This case presented the symptoms of typhus fever, as recounted in the books-surface very cold, pulse forty-four, picking at things, leaping out of bed, wild and sleepless. The Doctor observed that the pulse became so greatly reduced when the testicle became affected. Dr. Stathem speaks of a very curious case of mumps, in which the testes bore the brunt of the inflammation from the first of the attack. parotid seemed to escape entirely.

In obstetrics, Dr. R. W. Elmer reports a case of monstrosity, in which the head was devoid of the external cranial bones, and the brain thus left exposed without any osseous covering. A case of triplets occurred in the practice of Dr. R. M. Bateman. He observed that the second child was entirely enclosed with its afterbirth in one sack, while the cords of the other two were united into one.

Dr. Sheppard reports a case of concussion of the brain, with fracture of lower maxilla, that will be of great interest from the severity of the injury and the successful result of treatment.

Your reporter presented the request made by the Chairman of the Standing Committee, for observations upon chloral-hydrat. and hypodermic injections, and upon the query, "do

the prescriptions of physicians, as a general thing, contribute to make drunkards?" before our District Society, at its annual meeting, held on April 14th. A free interchange of sentiment was indulged in by the members with reference to each point. Their conclusions may be thus briefly condensed: Very general confidence was expressed in chloral. Failure in selected cases was regarded as due to insufficient quantity of the dose, or to deteriorated quality of the article. Yet it cannot be expected to take the place of morphia. Hypodermic injections were thought to be valuable where a rapid anodyne effect is desirable, and when used with discrimination are regarded as a happy means of relief.

Such may be the fact, in instances, but the experience of our medical men does not show that their prescriptions contribute at all to make drunkards. One member during, a practice of forty years, could not remember a case thus injured after recovery.

T. J. SMITH, Reporter.

BRIDGETON, May 11, 1874.

CASE—Concussion of Brain, with Fracture of Lower Maxilla.

BY DR. JOS. SHEPPARD.

Irving McPherson, farmer, aged 21, was thrown from a wagon with violence against a post at the side of the road, Barret's Run, near Bridgeton, on the morning of March 9th, 1873. He was pulled after the horse by the lines over the ground, which was smeared with blood for several yards.

Patient was seen about an hour after, and found in a comatose state, but conscious when aroused, and had vomited several times. Upon being raised from the settee, he vomited again freely, the blood running from the mouth, nose and ears. Teeth on left side of the lower jaw were loose, and there was a fracture near the symphysis; behind the left ear a vertical gaping wound, about two inches in length; also a wound above right eye and over cheek bone. After washing and dressing wounds, he was able to swallow a sufficient dose of equal parts of calomel and rhubarb, and to pass his urine. A camphorated Dover's powder was given at bed-time.

Friday, March 10, twenty-fours hours after accident, the blood escaped from the right ear, but no bad symptoms had supervened; medicine had acted well. March 11. Patient rested tolerably, and without severe pain, except in front teeth.

March 12. Dressed wounds, and gave an aperient; patient less stupid; no grave symptoms as yet; rested well last night; got the jaw in line and proper position, and after applying a mould made of binder's board and lined with patent lint, put on the proper bandages to keep the jaws together, and ordered liquid food.

March 13. Irving is doing as well as could be expected, and although suffering with pain in lower jaw, and affected with paralysis of left side of face, he seems hopeful and obedient. There is a bloody discharge from left ear, and upon blowing the nose, clots were discharged from the nostril. He was visited daily up to March 20, then on the second or third day, until April 20, when the bandages were removed, and the fragments found united. Bandages re-applied. The left eyelid was paralized for several weeks, and the patient could not raise it without help; but at this date, (April 29), he is able to use his jaws, open and shut his eye, and to dispense with bandages, the meat soup and soft food. There is also less fullness on the left side of face.

In this case, it seems somewhat remarkable that no worse symptoms should appear, when there was so much external wounding, attended with loss, also, of blood and serum from the ear. Not a bystanding spectator, nor any one who saw this "sorry picture" on the day of the accident, thought he would survive it.

POLYPUS UTERI.

BY DR. ROBERT M. BATEMAN.

Mrs. Cornelia A. Rudrow, a widow, aged 89, came under my professional care in December, 1873. She resides in Philadelphia, and is the mother of two healthy daughters, aged respectively 19 and 17. She has miscarried twice. In 1857, she removed to North Carolina, and continued there until and after the breaking out of the Rebellion. The miscarriages occurred while residing in the latter State. Her health was very delicate; was troubled with a bad cough and free expectoration. She suffered, moreover, with a leucorrheal discharge, which, slight at first, gradually increased, became purulent, assumed a yellow color, then brown, and for the last two years has been bloody in character.

She is nervous, complains of great pain in the back, and weight in the

region of the hips; is troubled with almost constant neuralgia in the head and unpleasant palpitation of the heart; is low-spirited, has but little appetite, continues to cough and expectorate, and believes that she is dying with incurable disease.

She has been under the treatment of several physicians, both in N. C. and Philadelphia, and has been led to believe that her disease is of a tuberculous character, and that any treatment addressed to her case can be little more than palliative. This was her condition when she came under my care.

I suggested that the disease which had been gradually undermining her health might be in the mouth or neck of the uterus, and proposed an examination per vaginam with the speculum, to which, with the advice of her mother, she consented. This examination confirmed my diagnosis. Attached to the neck of the uterus, and hanging down into the vagina, was a small polypus, of a deep red color, and disposed to bleed upon the slightest touch. While in this condition she was exposed every day to the dangers of an exhausting hemorrhage. I explained to her the nature of her disease, and advised the prompt removal of the foreign body.

I commenced at once the internal use of the Syr. Iod. Ferri, twice daily, and proposed to perform the operation upon the polypus with one of Gooch's canula. But not having a cannla at hand, I took up the work of the late Prof. Meigs, of Philadelphia, entitled, "Woman and her Diseases," and under the head of Polypus Uteri, I found a case related very similar to mine, in which the doctor had used with success the acid nitrate of mercury. I determined to give this caustic a trial, and was the more ready to do so, inasmuch as the polypus was so attached to the neck of the womb as to render the ligation with the canula a matter of much difficulty. I exposed the parts with the speculum, and carried the acid by means of a glass drop tube direct to the vascular growth. It withered under the touch and began to die away. The application was made every second or third day, and to my great satisfaction I saw the polypus eaten away to its very point of insertion; the bloody discharges ceased, the lady gained rapidly in weight, health and spirits, and returned to Philadelphia, in the latter part of January, a "new woman."

"Have I not cured this patient with acid nitrate of mercury," says Prof. Meigs, in the article above referred to, "of a nascent cellulo-vascular polypus of the os uteri? I believe that I have; and the case is on that account rare, and worthy of your attention."

I have thought that the case of Mrs. Rudrow, and especially the novel means used for the removal of her disease, and the success which attended

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the treatment, might be of interest to the profession. I am glad to add another case to that related by the late distinguished Professor of Obstetrics in the Jefferson College of Philadelphia.

ESSEX COUNTY.

To Chairman of Standing Committee, &c.:

The sanitary history of Essex County for the past year affords little, if anything, calculated to greatly interest the profession at large. During the summer of 1873 there was an unusual freedom from the diseases incident to the season, as Dysentery, Cholera Infantum, &c. During the fall, from all quarters a marked exemption from all varieties of disease was reported; even the malarial affections being less common than for several years, in corresponding months.

Epidemics of rubeola and pertussis appeared in several localities in the winter and early spring (1874), the latter being of a severe type—several deaths occurring in the vicinity of Orange from complications as pneumonia, cerebral congestion, &c. A few cases of parotitis have been observed by several practitioners, this being the first appearance of the affection for several years. Erysipelas and roseola have prevailed in some localities. Of small-pox we have had only a few cases.

Dr. Love, of Montclair, has encountered a few cases of typhoid fever, "all of them caused by either defective water-closets in houses, or by want of cleanliness in reference to drains, privies, or cellars." He adds, in this connection: "That in this day of enlightenment, as to the commonest rules of sanitary science, architects should plan, and people should build expensive houses, in which and around which are water-closets, sewers and privy vaults, whose foul emanations pollute the air and the water of the inhabitants, is to

me a thing incomprehensible. To my personal knowledge, many an elegant villa and beautiful country residence is so constructed that the stench from the pipes leading to the above-mentioned receptacles is such that the servants can scarcely endure to use the stationary wash-tubs, and the opening of the lid of the slop-hopper in the second story fills the room with an abomination of putrescence. The servants have intermittent, madam has neuralgia, dyspepsia and a host of ailments; the children have gastric fever and diphtheria, and they all wonder why country air don't agree with them. They go to the sea-side in the summer, and to the city during the inclement winter months; the house is shut up, and a man servant is left to take care of it, who sleeps in the hall bed-room nights, and has typhoid fever. As it is impossible for running streams to purify themselves when polluted with sewerage, so it is impossible for human beings to live with such surroundings and not contract disease."

Diphtheria has appeared here and there; fatal cases having occurred in Newark.

Epidemic influenza is reported by Dr. Jobs, of Springfield. He remarks, concerning his cases as follows: "The accompanying fever is intermittent or remittent, and seems to bear but little relation to the degree of local disturbance. The duration of the attack, however, is quite indefinite. The principal danger seems to be as an excitant of pneumonia, or in its waking up a latent phthisis. Some cases have been so purely spasmodic as affecting the cough as to give the laity the idea of pertussis, an idea, too, very plausibly held, although occurring in those who have been the subjects of whooping-cough. The treatment by the free use of the preparation of bark, conjointly with the use of arterial or nervous sedatives, has been the most successful. The more purely spasmodic cases have not responded favorably to the use of belladonna, as might have been supposed, although the

article has been carried so far as to produce its full specific effects. The best of the class have appeared to be the bromides and chloral hydrate."

To gratify your desire to obtain the views of the Essex County profession in the matter of Hypodermic Medication, likewise observations as to the therapeutic value of the Chloral Hydrate, I invited the attention of members to these subjects in a circular letter. The remarks of those who had the kindness to respond are given below, as forwarded to me.

Dr. Holden, of Newark, says: "I have used chloral hydrate extensively, as a carminative, in hysteria and nervous affections (functional), as a sedative in various conditions of irritability of the cerebro-spinal or sympathetic systems, and have endeavored by watching its effects, under varying circumstances, to arrive at a conclusion as to its therapeutic value. Without alluding to the opinion so widely published in the various medical journals of the day, I will do what I suppose you desire me to do, give the result of my personal observations:

- "1st. I have found its peculiar unpleasant effect upon sensation heightened by combination with aconite.
- "2d. That it is a sedative and hypnotic more evenly and quietly effective, if combined with an equal quantity of bromide of potassium or sodium, and in this way is tolerated by a large number of patients.
- "3d. That to insure its action at all (except in dangerous doses) in certain diseases, as delirium tremens, a combination with both bromide of potassium and morphia is often necessary.
- "4th. That its administration alone is quite frequently followed by aching and numbness in the limb, by weakness of several hours' duration, and by a drowsiness which succeeds the first sleep, and which lasts upon the average twenty-four hours.



- "5th. That it is a powerful escharotic when applied locally with exclusion of air.
- "That (judging by report) its abuse among nervous females is alarmingly on the increase, and is often, perhaps always in my experience, accompanied by gastric irritability and indigestion; cases, however, not numerous.
- "I have failed to observe any paralysis or tendency thereto.
- "7th I have had a patient take six drachms at one dose by mistake, during an attack of mania-a-potu, with no other effect than twenty-six hours' continuous sleep.
- "With reference to the use of Hypodermic Injections, my experience is limited to the use of morphia, atropia and Fowler's Solution, and is briefly as follows:
- "1st. Atropiæ Sulphas in doses of 1-120 gr. always appears to prevent the headache and nausea, frequently resulting from the use of morphia.
- "2d. Combined in 1-120 gr. dose with morphia (sulphate and muriate in doses of 1-5 to 1-8 gr.) it has appeared to diminish the period of excitation and prolong reaction and sedation.
- "8d The combination of Atropia and Morphia must be made at the time of using, or the drugs to a great extent neutralize each other. In support of this, I once used the equivalent of three grains of morphia and 1-6 gr. of atropia within two hours, without effect, the solution having been made ten days previous. Yet, upon discarding this and making fresh, the usual dose of 1-6 gr. morphia and 1-120 gr. atropia sufficed.
- "4th. The locality of the injection does make a difference. It is most efficacious when made near or over the seat of pain.
- "5th. The largest number of injections on successive days on the same patient has been forty-five.

- "6th. The largest number on any one patient during the same disease, between fifty and sixty,—a case of Hepatic Colic, hereditary.
- "7th. I have never yet had an injection produce an abscess, although I write it with amazement; but attribute this immunity to extra care in cleaning the needles immediately after each use in hot water.
- "8th. I have had reason to believe that the use of Morphia by this method, in the ordinary strength, † gr., insured or hastened death in Pericarditis with effusion.
- "9th. I have been convinced that its use prior to administration of ether for anæsthesia, favors the anæsthesia and deepens it.
- "10th. With reference to the hypodermic use of Arsenic, I have used it in local chorea fairly and fully as suggested in Dr. Hammond's work on Nervous Diseases, without success."
- Dr. Pinkham, of Montclair, says: "My experience in hypodermic medication (which extends over a period of seven years) has been such as to lead me to regard it with constantly increasing favor. During this period I have resorted to hypodermy upwards of three thousand times, having used in this manner Morphia, Atropia, Strychnia, Hydrate of Chloral, Ergot and Quinia. In three instances only have unpleasant effects been produced. In two cases, obstinate vomiting was caused by the hypodermic use of morphia, which was not relieved by the use of atropia similarly administered, and which occurred on subsequent occasions in both cases after the introduction of the two remedies combined.
- "In one case of Delirium Tremens, what seemed to be a dangerous degree of narcotism was produced by repeated doses of morphia, notwithstanding the fact that the intervals between the doses (which were not increased in quantity) were of the usual length.

"In only one case has there been cellulitis, and in no instance has an abscess been produced. My success in avoiding this accident I attribute to the fact that I have made it a point to use fresh solutions, (which I have always prepared myself,) and that I cleause the needle after using it by filling the syringe with water and moving the piston backward and forward several times after the water is expelled. When this is done, there is no occasion whatever for the wire which is usually inserted into the needle.

"In Delirium Tremens, hydrate of chloral given by the mouth has acted much better than morphia administered hypodermically. In Hydrophobia, on the other hand, the latter treatment has proved much more satisfactory than the former. My second case of hydrophobia occurred soon after the publication of an article in the medical papers, in which it was claimed that this disease had been cured by the use of hydrate of chloral. I gave the remedy a fair trial, using it liberally, both hypodermically and by the mouth, producing, as I thought, very little mitigation of the suffering, and not at all delaying the fatal issue.

"When the prompt effect of ergot has seemed urgently demanded, I have used, hypodermically, Squibb's fluid extract over the hypogastrium with gratitying results.

"In Cholera Morbus, and in nearly all other diseases attended with vomiting and pain, the prompt alleviation produced by morphia under the skin has been satisfactory to all concerned, especially to the patient.

"Atropia administered in this manner in a case where an oz. Tr. Opii had been taken for the purpose of self-destruction, seemed to counteract the effects of the opium. It certainly produced prompt dilatation of the pupils, and caused the stupor to be less profound.

"I do not regard the danger of abscesses after the hypodermic use of quinia to be much greater than that attending

the use of the more soluble alkaloids, provided the solution be no stronger than ten grains to the fluid drachm, that it be made with a minimum of acid, and be prepared and administered at a temperature of 100° F."

"Dr. Love, of Montclair, says of Chloral: "I am satisfied that it is much more decidedly a producer of sleep than a luller of pain—in short, a good hypnotic. In the only case of Traumatic Tetanus in which it was used, it failed to produce any decided influence on the progress of the disease, though administered freely. My experience is admirable expressed in the following conclusions of Dr. Munroe, of London, who says: '1st, It is of great benefit in cases of mental excitement and functional disturbance of the nervous system. when there is no organic disease of the brain. 2d, It is injurious in cases of protracted and great debility, more especially if the body is reduced by unnatural discharges. 3d, Its long-continued use, even in small doses, is injurious under any circumstances whatever.' Of hypodermic medication, I would say that I seldom resort to its use except in cases where the stomach is so irritable that it will not retain medicine, or when an immediate and decided effect of an anodyne is required, or when, as occasionally happens, medicines administered in the usual methods fuil to do good. In practice, such conditions occasionally are met with, but the inconvenience of the operation to the patient, the pain and occasional local inflammation, with sometimes abscess, incline to deter me from its general use."

Dr. Kent, of Newark, says: "My experience with Chloral Hydrate, I must say, has been somewhat limited. I have not met with the success in its use that some of its strong advocates hold out in its favor. I have used it in mania-a-potu with marked benefit, combined with Potass. Brom.

"With hypodermic injections of Morphia, I have had more experience, and can speak with more certainty. In fact, I could scarcely get along without my hypodermic syringe. In cholera morbus, colic, acute rheumatism, various forms of inflammatory diseases, and neuralgia, I have employed the remedy with marked benefit."

Dr. Jobs, of Springfield, says of Chloral: "I consider it as the medicine, in cases of Delirium Tremens and all cases of purely nervous irritation. It will not relieve pain, but if conjoined with an opiate, its action is modified and improved.

"My experience in the use of medicine hypodermically is confined to the use of morphia. This operates more speedily and effectually when thus used, and the plan is invaluable when the stomach is intolerant to medicine. The after symptoms resulting from the internal use of this drug follow also its hypodermic administration."

FRANK WILMARTH, Reporter.

EAST ORANGE, N. J., May 15, 1874.

GLOUCESTER COUNTY.

To Chairman of Standing Committee, &c.:

The questions you propound, which are hereinafter considered, were most opportune; for, without them, the report from this County must have been meagre indeed. Last year's stereotyped plates, with a few verbal alterations, would have answered every purpose.

Passing by our ordinary Typhoid, Remittent and mongrel fevers, we have but to notice a general tendency to intermittents in many cases which do not at all times assume periodicity. We have had a trifle less Bronchitis in the winter, and a trifle more Broncho-Pneumonia in the spring, in direct ratio to the clemency and the inclemency of these seasons

respectively. Measles have surrendered at discretion, and Scarlatina of average mildness has appeared, too general to be sporadic, yet too scattering to constitute an epidemic. Mumps have been ubiquitous and metastatic, giving trouble only under this latter phase. The general termination is shown in the following extract from the sub-report of Dr. J. Down Heritage: "I have seen but one case in which the symptoms were aggravated or metastatic action developed itself, and that was in the case of a member of this Society. By the counsel and assistance of Dr. W. H. Turner, of Mantua, we are enabled to announce the pleasing fact that convalescence is now well established, his members all in working order, and his glandular system either performing its functions or prepared to do so whenever the emergency shall arise which shall call for an exercise of their powers."

One case of Metastasis (so called) to the brain, ended fatally. I say "so-called," for if Metastasis implies that an existing disease changes its sphere of action, retaining its essential character, and if Mumps is (or are) not a bona-fide itis, but only a specific enlargement of certain glands, how can an enlargement metastack into an inflammation? In regard to the second premise, Professor Stille remarks in learned Johnsonese: "Mumps is a fluxionary enlargement of the parotid gland, not a parotitis." And further, an inflammation of the parenchyma of a gland predisposes to its own return, whereas Mumps (bi-lateral) follows the rule common to the zymotic class.

From among the interesting cases reported at our quarterly, I present a case of Ruptured Uterus.

Now in regard to your queries on (1) Chloral Hydrate, (2) Hypodermic Injections, and (3) Alcoholic Prescriptions. I forwarded a copy to every member of our Society, in good standing, twenty odd in all. Of these, eight saw fit to return written answers, four others made verbal reports to me—a

bare majority. I have endeavored to summarize their views in as small a shape as possible.

First, as to Chloral Hydrate:

As to its safety—two pro., two con.

As to its general utility-eleven pro., one con.

As a hypnotic-eleven pro., one con.

As an anodyne—three pro., nine con.

As a sedative—two pro., ten con.

Dr. J. D. Heritage reports the administration of Chloral with favorable results in acute pain, delirium tremens, delirium from whatever cause, whooping cough, and hysterical complications. The views of the majority are best expressed in the report of Dr. W. H. Turner, which confines itself to one line: "Hydrate of Chloral I consider superior to opium as a nerve hypnotic, but inferior as an anodyne." Bromide of Potash is the favorite combination. Opinions differ widely in regard to a combination with an opiate. My own is opposed to it.

With reference to the hypodermic method, the views of the Society are more harmonious, the almost universal remark being, "I should scarcely know how to get along without it." One only demurs, "having found better and more reliable means." I am at a loss to know what "means" are referred to—another lamentable instance of the "unequal diffusion of knowledge."

Dr. Heritage, of Glassboro', thinks freedom from interference is of great importance, and expresses his views as follows, with a felicity peculiar to himself:

"The cases in which hypodermic injections are most gratifying are acute attacks of colic, cramps, &c., where a person is suddenly stricken, and you find him writhing and groaning, alarmed and unnerved, the friends solicitous, and increasing the fright of the patient by their livid, frightened hurrying and scurrying to and fro, and numberless suggestions of reme-

dies and applications. Upon my entry upon such a scene, my plan is to impress the minds of friends and patient that they are unnecessarily alarmed, and to put them all at work at something. Two or three can be started after a mustard plaster, made in a specified manner, which will take about ten minutes to finish; some others to arrange a foot bath made after a particular manner, which will occupy about the same time. If there is any one old lady particularly troublesome and garrulous, she is dispatched if possible to a neighbor's, on a wild goose chase after an imaginary something, so all are occupied with something to keep them still, and avoid their officious annoyance and bother while the medicine is injected, and whatever has been ordered is usually allowed to rest until after the symptoms have been brought under the influence of the medicine; and after the necessity for their use has passed away, no suggestion is needed with regard to their use. I regard the applications I have mentioned as valuable adjuvants when considered in this light."

Dr. W. H. Turner expresses the general sentiment in these words: "There are many cases already determined in which it saves life, suffering, time and medicine, and opens a field for the display of new or at least different and more certain effects of several and probably many medicines."

I would add two ideas further in regard to hypodermic injections:

I. It serves to make a practical and obvious line of demarkation between the regularly educated physician and the irregular homepathist. The public are not slow to see that colics and severe attacks of pain which at the hands of the one obtain speedy relief, often continue indefinitely under the globular regime.

II. In country practice, where patients are at a distance, it enables the physician to leave the sufferer with an injection

in his arm, knowing that all his retching and vomiting cannot eject it or prevent its absorption. A great saving of time and patience.

While on this subject, the following is apropos: I was called to see a lady eight months' pregnant. She was subject to attacks of bilious colic; literally convulsed. I injected gr. 1 morphia sulph. She was relieved by it entirely—so entirely that an eight months' child was born twenty-four hours later. The uterine action being accompanied by so little pain, that the mother, an octopara, never even suspected herself to be in labor until the child pressed against the perineum, the water breaking, and the child being expelled a moment or so later. Both are doing well. My query is: What share had my injection in producing this quiescent state of affairs?

"Do the prescriptions of physicians, as a general thing, contribute to make drunkards?" Gloucester County averages "No;" though with so many "ifs," "buts" and "althoughs," that it can scarcely be called a fair negative. As a sample of the replies received from different districts, I give the following:

"All male inhabitants of our town have their habits so formed, that it is impossible to estimate the influence of any prescription."

"I never give alcohol until the patient is in a condition from which he rarely rallies to report."

"It is a prescription particularly agreeable to those who attribute their after habits to its medical use."

"About as justly blamed as is calomel for all the aches and pains a person may have after taking a five grain dose."

My own would be, "that if physicians will answer for the effects of their example, I will for that of their prescriptions."

C. GRANT GARRISON, Reporter.

Swedesboro', May, 1874.

CASE-RUPTURED UTERUS.

BY LUTHER G. HALSEY.

I was called Friday, February 6, 1874, at 10 o'clock, A. M., to see Mrs. S. Gantz, aged 41, in labor with her eleventh child; a very large, fleshy woman, Irish by birth, her husband a German. Had been with her in five or six of her previous labors, which had always been very hard and tedious, generally from twenty-four to forty-eight hours, and sometimes longer; a very patient and reasonable woman.

I visited her immediately; found her in labor, which began about 5 o'clock, A. M., that day, pains recurring about once in ten or fifteen minutes; made a per vaginam examination, and found the vertex presenting, though very high up, the os uteri dilated about the size of a half dollar, but quite rigid; had some show. I remained with her about an hour, and finding the pains not increasing in violence or urgency, and having several very sick patients whom I was anxious to see, I left her R vin. ergotæ, 3iii, aq. font., £3ii, to take a teaspoonful every hour until my return, and to send word to my house if I was needed. I gave the above more as a placebo, than with any design of medication.

On my return about 3 P. M., I found her very quiet; no pain; complained of some soreness at the bottom of her stomach; felt sleepy; and I having had no rest the night before, proposed that both she and I should take a nap. I went down stairs and threw myself upon a settee. I slept about an hour, when one of the women came down and said she had had a nice sleep, but was restless, and she wished I would see her. I went up and found her uneasy and restless, pulse slightly hurried, and unusually weak; skin warm and moist. I sat down by her and cheered her up, and she then told me that about 12 o'clock, M., or about an hour after I left her in the morning, she had raised on her elbow and reached to a stand close by and took a drink of water, and while she was drinking a rather strong pain came on, but all of a sudden it stopped, and from that time she had felt no pain whatever, only the soreness above described. I sat talking with them about an hour, waiting for a return of the pains, she having no constitutional symptoms indicating the terrible accident which had taken place.

About 5 o'clock, P. M., no pains having returned, I examined her, and I need not say I was surprised and shocked to find the vagina and mouth of the uterus filled with intestines, and could feel no part of the child presenting. I informed her husband what had happened, and that if he de

sired a consultation he could get another physician to meet me. I also informed him that I could take the child, but that his wife would in all human probability die. He expressed himself entirely satisfied with what I had done, and told me to do what I thought best.

I returned to the patient and turned the child, delivering by the feet, after having first gently returned the intestines through the rupture on the posterior wall of the uterus, which was about six or seven inches in length from top to bottom, but not including the neck or os uteri.

The child, an unsually large one, was dead, and doubtless had been for some time, as the skin was sphacelated over several portions of the body. I had no special difficulty except in keeping the intestines out of the way; removed the secundines by introducing my hand, and gently separating it from the upper and anterior part of the uterus, there being very little hemorrhage externally, and I inferred comparatively little internally. She stood the operation very well, and expressed herself delighted that her trouble was over so soon. I applied a loose bandage, and put her on a heavy course of opium, and enjoined perfect rest and quiet. I remained with her till about 11 o'clock P., M.

Saturday morning, February 7, I found the patient quiet, sitting up in bed; complaining of some soreness in the bottom of her stomach; pulse about 90, soft and weak; warm perspiration; feels thirsty; tongue slightly furred, and having a peculiar ashy white appearance, usually apparent in cases of internal hemorrhage. I continued treatment with the addition of occasional doses of vin. ergotæ, trusting by its aid to arrest, or rather assist in controlling the internal hemorrhage.

Sunday morning, February 8. Patient much the same; pulse somewhat quicker and weaker; she said she felt first-rate; that her priest had been to see her the afternoon before, and that he had prayed away all the pain and soreness; continued treatment. The husband laughed at me, and said she would get well after all. I told him, No; that she would die.

Monday morning, February 9. Found patient with cold, clammy perspiration; considerable enlargement of the whole abdomen; no tympanitis, and I supposed the enlargement in a great measure dependent on the gradual effusion of blood internally; still no pain; pulse not countable, very small, weak, and irregular. I continued the opium, with stimulants. Monday evening was sent for. Found her excessively restless; sick at her stomach; cold clammy sweats; pulse scarcely perceptible—a mere flutter; tongue still whiter, abdomen more enlarged; had had since her confinement but very slight lochial discharge; no trouble with her breasts, no milk secreted at

all; she was disposed to sleep, muttering incoherently while dozing, but rational when awake.

I remained with her till 11 o'clock, P. M. Feeling that I could do nothing more, and that she would die before morning, told the family and attendants so, and I left her. She died at 3.30 o'clock, A. M., February 10th. No post mortem was made, the family objecting to having it performed.

HUDSON COUNTY.

To Chairman of Standing Committee, &c.:

Occupying an official position in the county, the duties of which necessarily preclude me from devoting time to general practice, I have depended mostly upon the observations of my brethren in the profession for facts regarding the prevailing diseases of this district during the past year.

Disease has been manifested in the usual variety of forms, modified by season and local influences. Among the most prominent have been Scarlatina, Diphtheria, Pertussis, Rubeola, Erysipelas, and the usual amount of fevers of malarial origin.

Dr. T. F. Morris gives the history of several interesting cases in which he grapples with the question of the day, viz: Can alcoholic stimulus in any form be relied on as a curative agent, or because of any virtue it possesses in sustaining the vital powers when under the depressing influence of disease or exhaustion?

The first case described by Dr. Morris was one of true croup in a child. When first seen had been suffering with catarrh for several days. From a description of the symptoms as given at night, directed Hyd. Sub. mur. \ni i, Tart. Ant. gr. i; Pulv. Ipec. 3ss. in ch. iv., one to be given every twenty minutes until free emesis occurred. Found it had freely acted as emetic and cathartic, at the visit next morning. Breathing very

laborious, a membranous exudation visible upon the fauces. Directed inhalation of vapor from slaking lime, and warm poultice to throat. Hyd. Sub. in 3 or 5 gr. doses every two hours, guarded by Dover's powder. Rapidly grew worse, and died within 24 hours of first visit. Parents declined to have tracheotomy performed. Child aged four years. Second case seen some time after disease had developed. inhalation of vapor from lime, warm poultices to throat. Ammon. Mur. and Potas. Chlor., with great relief to the symptoms, from inhalations, but not permanent, and child died within 86 hours from first visit. Child about three years of age. Third case seen sometime after catarrhal symptoms had declared themselves. Respiration very labored, membranous patches to be seen on tonsils; child could only whisper. Emetics had already been given. Lime inhalations directed, and sponge wet with hot water applied over trachea. Ammon. Mur. and Chlor. Potas, in free doses every half hour. treatment was varied according to circumstances. recovered after a long convalescence. Tinct. Iodine was applied daily over trachea after the warm application ceased, and the Iodide of Potas, was substituted for the above mentioned remedies after the croupy symptoms had disappeared. Child aged four years; under treatment 12 days.

February 20th, called to see another child of same family, two years of age. Catarrhal symptoms had been present for some hours before my visit. Membranous exudation visible. Respiration very laborious, blood not arterialized. An emetic had been given. The same remedies were tried as were used with the previous case, but they were of no avail. The child died within 48 hours.

Dr. M. says that he met with several other cases in which the symptoms were very prominent, and in which the treatment he mostly relied on was the inhalation of the vapor of slaking lime. When faithfully applied, it afforded relief in all cases. Would prefer this remedy to all others if forced to select.

Of Diphtheria he recalls 33 cases in which the diphtheritic membrane was plainly visible upon the tonsils or some part of the faucial mucous membrane. Where these occurred, members of the same family suffered with sore throat, showing that a common materies morbi produced the disease in its various forms. The cases treated were of all grades, the treatment in the main the same. As a rule have avoided alcoholic stimulus and all interference with the exudation. The chief reliance has been potass. chlor., tinct. of iron, and in some cases quinine combined with sustenance, milk preferred. Ice was allowed ad libitum. Eight died; two from paralysis of the heart, two from secondary croup, three from profound influence of poison upon the nervous system. From experience of past year am fully satisfied that any attempt at forcible removal of the membrane is prejudicial, if not positively hurtful. Nothing is gained by the use of alcohol in any of its forms. Caustic and astringent applications have been very much over-rated. It is a blood disease, manifesting itself by exudation.

Of Inflammatory Rheumatism quite a large number of cases have been treated at the Jersey City Charity Hospital and in private practice according to the principles and practices laid down by Dr. Chambers in his "Renewal of Life."

The Bi-carb. of Potassa was freely given until the urine and saliva became alkaline. Opiates given as required to allay pain. Favorable results have followed this treatment, a small proportion of the cases showing cardiac disability. Attention is here called to the injunction of Dr. Chambers to have all rheumatic patients, when under treatment, wrapped in flannel.

Three cases of Cerebro-Spinal-Meningitis have been under treatment. The remedies found to be most efficacious were

Potassa Bromide to relieve pain, warm poultices from nape of neck well down over dorsal vertebræ, and diet of milk. Opiates in cases of great pain. Quinine has been administered as a restorative tonic.

Pain should be relieved and sustenance administered with discretion. If these rules are observed, good results may be obtained.

Pertussis has prevailed somewhat epidemically twice during the year. Bromide of ammonium has been found to be a very efficient remedy.

Rubeola, although prevailing as an epidemic, assumed a mild type, requiring but little treatment except good nursing.

Scarlatina has prevailed for the past three or four months, and many a household has been called to mourn the loss of its loved ones by this bane of childhood.

Dr. M. says: "In alcoholic stimulus we have a doubtful remedy. Have used it in various forms, all to no purpose. My experience has led me to the belief that scarlet fever patients are better able to eliminate this poison without its use. Diaphoretics have been given in cases where the rash was slow in appearing. Potassæ Chlor. has been relied on because of its local effects on mucous membrane, with attention to the secretions and excretions (especially the kidneys), and exclusion of all solid food, preferring milk."

Remittent, Intermittent, and Typhoid fevers have also prevailed to a somewhat larger extent than in previous years, which Dr. M. thinks may be due to the large quantities of the refuse of New York being dumped upon our shores, the rendering establishments and other nuisances which continually poison the atmosphere.

Two severe cases of Typhoid fever have been treated at the Charity Hospital without alcoholic stimulants, with recovery. One of these sank very low, but by the judicious use of general and local remedies, rallied, and went on to convalescence. The stools were kept soluble with enemata of castor oil and turpentine; anodynes were given when necessary, body sponged with tepid water. The diet was exclusively of milk.

Several cases of *Pleuro-pneumonia* and Broncho-pneumonia have been treated at the Hospital. But little medicine has been administered in these cases. Opium to relieve pain and produce sleep, Quinine in 2 gr. doses every three or four hours, jacket of oiled silk and diet of milk. *No alcoholic stimulants used*.

A case of Purpura Hæmorrhagica was seen and treated recently. The patient was a boy four years of age. Large, livid spots appeared upon his forehead and cheeks, with rash upon his body resembling Urticaria. Hemorrhage occurred from the nares, intestines, and bladder, the fluid voided from the bladder coagulating in the vessel. Treatment was commenced with 5 gr. Hyd. Sub. Mur., followed by turpentine and castor oil. Tr. Iron was directed, but seemed to have no control of hemorrhage. It was abandoned, and 10 drop doses of oil turpentine substituted and given every four hours. This succeeded in controlling the hemorrhage, and was continued for a number of days, with a complete cure as the result.

Secondary or Metastatic Abscess-Pyemia. "March, 9, 1873, was called to see a child that the day before, while at play in the street, had fallen, striking upon the hip, producing some contusion, which was quite painful, and attended with considerable constitutional disturbance. The parts about the seat of the injury were in a puffy condition, fluctuation indistinct. Warm poultices were applied and anodynes directed. Within the next 48 hours one of the feet was puffy on its dorsal surface, the condition of parts about seat of injury very much changed; hardly any pain upon pressure and no fluctuation perceptible. After the next 48 hours fluctuation was

distinct upon the dorsum of the foot. Passed an exploring needle, bringing a small quantity of serous fluid through the groove. Iron and quinine were directed. The place of injury again presenting all the appearance of deep-seated suppuration, was explored, and pus appearing it was freely laid open. The patient in a few days complained of pain along the shaft of the tibia, and as soon as pus was thought to be present an incision was made and pus flowed freely. Soon again one of his hands became puffy and painful, and as soon as any collection of fluid was evident, it was opened.

The little sufferer was seized with Pneumonia; there was complete suppression of bile. He at one time had Peritonitis, but passed safely through all. After bearing all with fortitude and with a prospect of recovery, embolism undoubtedly occurred in femoral artery. The limb soon became cold, ædematous and gangrenous; death closed the scene. Remarkable in this case are the facts that circumstances so trivial in character occurring in a boy who previous to this had enjoyed perfect health, were followed by such destructive consequences; his endurance and the repeated efforts of nature to re-assert itself. Injured March 9; death occurred June 14. He was seen by Drs. Lutkins and Hunt, and Dr. Erskine Mason, of New York.

The other case of embolism occurred in private practice in the person of an old lady attacked by Nephritis. Had uremia and convulsions. She improved by steam baths and cathartics. Embolism of brachial artery occurred. She had no cardiac lesion. The limb became very cold, suffered much pain, for which morphine was given; she became from day to day more unconscious, until all sensibility was gone, followed by coma and stertorous breathing and death.

A large number of cases of *Mania-a-potu* have been treated at the Hospital, and a uniform system of treatment adopted, attended with satisfactory results, commencing with an

emetico-cathartic. As soon as operation commenced the patient was made to drink large quantities of water, which resulted in free emesis, catharsis, diaphoresis, and diuresis; the patients acknowledging great relief, and sometimes a quiet sleep ensued. If restless or delirious still, the Potassa Bromide and Hyd. Chloral, of each 15 grs. every 1, 2, or 3 hours, according to requirements. Diet, milk alone, or with lime water, and no alcohol. When these measures failed, Magendie's solution of Morphia was injected subcutaneously with happy results." The Croton Chloral Hydrate has been tried in 2 or 3 gr. doses every hour, and proved quite effectual in securing sleep. Dr. M. has tried the Croton Chloral in other cases where a hypnotic was desired, and is well satisfied with the drug. He also expresses great affection for the subcutaneous syringe, having been repeatedly surprised at its magical power over pain when armed with morphine.

After relating the history of a very interesting case of Scarlatina, where under the desperate circumstances of depression and impending death we are so often tempted to give alcoholic stimulants, the temptation was overcome; no such stimulants were given, the bowels were freely acted on, and the Bromide of Potassa administered to quiet the nervous system, the body being sponged with warm water. in which success crowned the result. The doctor says: "Before closing these notes of practice, I would raise my voice in condemnation of the custom (shall I say habit) that we as medical men have fallen into, of ordering alcoholic stimulants for all persons and all diseases, when as yet the fact stands out before us that no one has yet informed us when they are positively indicated. Nor has any writer demonstrated, beyond fear of contradiction, any positive benefit to be derived by those who partake."

Dr. E. P. Buffett, in giving his views upon the use of Chloral Hydrate, Hypodermic Injections, and the question, Do the

rescriptions of physicians tend to make drunkards? writes:

"With reference to Chloral Hydrate, its effects have not in my experience been so reliable, nor in all cases so pleasant as to lead me to prefer it to other standard remedies of similar action, which can be relied on, both as to the nature and certainty of their influence. When, however, these for some reason may not be used, then perhaps Chloral Hydrate has its appropriate place as a substitute." The doctor is well satisfied with the effects of Hypodermic injections of the salts of Morphia. "I have," he says, "seen nothing to lead to the belief that as a general thing, the prescriptions of physicians contribute to swell the list of drunkards. Physicians' prescriptions in the majority of cases are not so palatable as to lead a patient to wish to continue their use after his recovery."

The Legislature having passed an act authorizing the establishment of a County Board of Health for this county, and giving said Board power to enact and enforce with proper penalties, ordinances for the preservation of the public health and the prevention of the spread of contagion, and also to establish a Registry of Vital Statistics; the Board has been organized and will enter upon a work of sanitary reform long needed in this county. It is, as I am informed, the first Health Board which has been established in this State by special enactment of the Legislature.

I transmit herewith an interesting essay upon Tetanus, with the history of a case treated by Dr. B. D. Carpenter.

E. W. BUCK, Reporter.

JERSEY CITY, May 4, 1874.

CASE BY B. D. CARPENTER, M. D. TETANUS.

On the 13th day of August, 1873, I was called to see Patrick Mullaney, a stout, vigorous, well nourished, Irish laborer, about 35 years of age. Nine days before he had forced a splinter of wood into the first joint of the thumb on

the left hand. The wound was apparently well, cicatrix hard. Three days before I saw him he was taken with pain and soreness of the muscles of the side of the neck, and of the throat, and stiffness of the jaws, headache, and some soreness, stiffness, and pain of the general muscular system; was under treatment for neuralgia of malarial origin, under which all the above symptoms gradually increased until the night of the second day of treatment, when the muscular rigidity had become general and severe, with slight spasmodic action, and the jaws nearly closed. The following night I was called in and found his condition to be great pain in the back, neck, and through from the lower end of the sternum to the back, whole muscular system firm and rigid, abdomen hard as a board, urine passed with great difficulty in consequence of spasm of the sphincter, general spasms, body drawn forcibly backwards, considerable dyspnœa and great difficulty in swallowing, bowels costive, had slept none for 48 hours and eaten nothing for 24; pulse, 120, full; skin bathed with perspiration. Ordered broken ice in bladders to the whole length of the spine and head, to be kept constantly applied. Pulv. opii gr. i., Sul. Morph., gr. 1., Pulv. Ipecac, gr. i., Nit. Potass. grs. viii., every one to two hours, according to symptoms. tions of iii. oz. of Terebinth., iii. oz. of Sat. Tinct. Assaf., in iv. oz. of milk or beef tea, repeated every four hours, or immediately after the previous one had passed away, with milk by the mouth, the loss of teeth enabling it to be drawn in through a tube. 11 P. M., in addition to the above, Hydrate chloral, grs. 30, every two hours, until three doses had been taken, if no sleep was previously obtained. 14th, 9 A. M., had slept some at short intervals during the night, two free passages of the bowels, followed by the injections, passed no urine, muscular rigidity increased, spasms not quite so frequent, but more severe; pulse, 110, dyspnæa urgent, difficulty of swallowing increased, though he had used a quart of milk during the night. Treatment continued, i. oz. Hydrate Chloral every night, divided into two doses. This treatment was steadily pursued, with the exception that the intervals between the Dover's Powders and Morphine were gradually increased as the symptoms yielded and sufficient sleep was procured without the use of Hydrate Chloral after the fourth day of treatment. As the case progressed the ice was removed for short intervals according to the feelings of the patient, who was discharged as cured on the 13th day of treatment.

Though the spasms in this disease are frequent, and often without any apparent exciting cause, exciting causes frequently occur, if in no other way, in every attempt at motion on the part of the patient, such as swallowing, change of position, noises produced in the room or within his hearing, all

motions in the room or within his range of vision, feeling, or hearing, unless he is at first gently and in a quiet tone made aware of the fact that you intend making them, and if they in any way relate to him obtain his consent to your doing so, will prove exciting causes; movements on your part that would, if attempted without his consent, nearly result in mortal spasms, if you will first request of him the privilege to make them, will possibly at first be declined; in a few moments he will tell you to do as you desire. You may then go on and perform the most difficult and disagreeable offices towards him or about the room, and the patient will be so free from spasm while you are about them as to excite your astonishment, and almost lead you to believe that the spasms are controlled by the will of the patient, so long as you do not attempt anything more than he is expecting you to do; but beware attempting unanticipated movements, or you will divert the attention of the nervous system, and the most frightful spasm will be the consequence. This is an important point to be remembered in the treatment of this disease, for unless you can control these exciting causes, and command your own and the attendant's actions according to the previously obtained permission of the patient, you may not hope to succeed. Above all, no person, not even the physician, must make his appearance in the sick room without being previously announced in an unexcited tone by the attendant. Nor should any person be admitted other than those absolutely necessary to administer to his wants; neither should they be admitted to an adjoining room. No unfamiliar footsteps should be allowed to fall within his hearing, which is usually morbidly acute.

In consequence of the morbid irritability of the muscles of the throat, this watchfulness must extend to attempts at deglutition as well. lect one case of a boy 17 years of age, who during the attacks manifested rather more than the usual irritability of the throat, the slightest movement to swallow for the first few days, producing the most terrible spasms. After this period, at intervals designated by himself, he was able to take liquids, but always with difficulty that was alarming to the attendant, from the spasmodic gulping and choking that accompanied the effort. So marked was this at the time I discontinued my visits, that I directed his parents to not allow him any solid food for at least four weeks, although the boy was up and walking about when I left him. At the end of two weeks the improvement generally was so great, the appetite so good, and the boy so urgent, his father consented to his trying a small morsel of beefsteak, the attempt to swallow it after thorough mastication, was attended by a spasmodic contraction of the muscles of the throat, and the boy died asphyxia-

ted at the breakfast table. The sensibility to touch does not seem to be increased in Tetanus, but the muscles of deglutition are liable to be excited by the slightest contact—in this nearly resembling hydrophobia—and in many cases the slightest touch on any part of the body, if not anticipated by the patient, is sufficient to bring on the spasms. Men are more liable to this disease than females, the robust more liable than the weakly, the nervous than the lymphatic, and adults more liable than either the old or the young, excepting early infancy, where Trismus Nascentium frequently occurs. It occurs in all climates, but most frequently in warm, and more frequently in those, during the hottest months. After carefully collecting the statistics of this disease in this country, I find that nearly all the fatal cases occurred during the months of July, August, and September, both in man and other animals; further, that quite a proportion of the cases occurring during the remaining months of the year, recovered. Moist situations predispose to the disease, also heavy rains after long drouth and heat. The most frequent immediate cause is external injuries, and the most unimportant abrasion, rasion, and the most severe injury or operation may give rise to it; and there does not appear to be any relation between the state of the wound and the occurrence of the disease, nor does its accession produce any alteration in the condition of the wound or retard its cure, and in many cases it is healed and nearly forgotten before the appearance of the disease. Again, the disease may decline and cease while the wound grows every day worse and worse. The interval between the injury and the appearance of the disease varies from fifteen minutes to ten weeks. The most common period is from four to fourteen days. Exposure to cold and damp is a frequent exciting cause, also intestinal irritations, worms in the intestines is a frequent cause. can readily understand that internal and other irritations may be the cause of this disease operating upon an active, irritable nervous system, depressed by fear and the attack attributed to a slight wound or scratch received some time before, and vice versa, the cause may be assigned to intestinal irritation from the overlooking of a slight wound, or a cicatrix involving pressure upon some nervous filament. Without doubt, local or general irritation is in every instance the immediate cause of an attack of Tetanus, and I am just as well assured that they cannot become the cause without a previous condition of the system favorable to the inception of the disease. If local injury be the true and only cause of Traumatic Tetanus, then we should have the disease as the necessary result of some special class of injuries, and not the occasional result of nearly all classes of injuries; and until we can show that some particular class of injuries will either invaria-

bly or in a majority of instances, when occurring upon some particular portion of the body, be followed by Tetanus, we should not admit that this constitutional disease, with its terrible local and constitutional symptoms, occurs without any special condition of the system being requisite to its inception. Close observation and reasoning both show conclusively that there is a tetanic diathesis, just as there is a rheumatic diathesis, and that no class of injuries will produce Tetanus when this diathesis is not present, any more than that any person exposed to the eruptive fevers will contract them unless the condition of their system is such as to favor the inception of that class of diseases, or rheumatism on exposure to the causes which produce it when the conditions of the system are not favorable to its inception. If a punctured wound of some portion of the foot in a perfectly healthy person produces Tetanus, or exposure to cold and damp, or the presence of worms in the intestines, or any other well authenticated source of irritation is the sole cause, then we must have the same cause always producing the same result in all healthy individuals, and if we do not we must admit the reason to be in the constitutional condition of the person. I no more profess to understand what the peculiar morbid condition of the system is that enables both small and great irritations to produce such appalling symptoms, than I do why when two persons, both to all appearances in the same general condition, are equally exposed to scarlatina, one will contract the disease and the other not, or why one person will during life suffer frequently from its poisonbeing introduced into his system, and another will be exposed daily to its influence, resist it for a long time, and never suffer but from one attack of the disease. The weight of evidence is about equal that each depends upon some latent morbid condition of the system being present, which the presentation of a specific poison in the one case, and of some local or general irritation in the other, renders active.

In Tetanus the latent condition I believe to be a morbid condition of the irritability of the nervous system, by reason of which the local irritation is enabled to compel the nervous centres to take a magnified view, as it were, of the local injury or irritation, thus begetting in them an irritation, of which the spasms are a natural result, they being the reflex action of a morbid impression upon the cord. One evidence that this disease is irritation only, at least in its first stages in all the parts affected, is that during the sleep of the patient the spasms cease and the muscles relax, to immediately resume rigidity and spasm on the patient being aroused from his slumbers. Marshall Hall, by pinching one of the spinal nerves of sensation in a decapitated turtle, produced spasm of its whole muscular system, both above and

below the compressed nerve, thus showing that the cord in its whole length readily consented to take cognizance and act upon the irritation, though applied to only one of its nerves. The same thing resulted from compressing a portion of the cord itself. In both instances the spasms of the muscles along the course of the motor nerves occurred instantaneously; as quick as thought the irritation passed from the pinched nerve to the cord, and was reflected through the motor nerves. Not unfrequently no morbid appearances can be discovered after death to which the symptoms can by any probability be attributed. Alterations of the spinal cord and its membranes are by far the most common appearances, and they have generally been traces of spinal meningitis. In some cases these appearances were more or less diffused over the spinal cord; in others they were limited to particular portions of it, while in the very great majority of instances no morbid appearances of the cord or its membranes have been detected. But no sufficient extended observation has yet been had to determine positively the nature of this disease, though facts sufficient have accumulated to prove that by far the greater proportion of the pathological conditions described are not in most instances the cause, but rather the effects of the disease, or simply coincidences, and that its real nature is essentially irritation of the sentient extremities of the nerves of sensation, continued long enough to affect their origin in the spine, and that the length of time that elapses between the application of the irritation and the inception of the disease, its severity and duration, or whether we have Tetanus arising from it at all, will depend upon the condition of the system when the irritation is applied. If no exaltation of nervous function is present, no morbid irritability, the irritation will disappear without Tetanus, no matter what is the extent of the injury or impression upon the nerves, and vice versa. But if this tetanic diathesis be present we shall earlier or later have irritation of the spinal cord, with perhaps increased flow of blood to the part. This may go no further, and we have spasm of the muscles by reflex action of the cord; and Dr. Hall's experiments upon the turtle shows us how readily the whole cord responds to irritation applied to any one of the nerves that pass off from it. Some further experiments, however, seem to be necessary to determine why it is that this response of the cord always commences at its upper portion, the motor portion of the 5th pair. This is so nearly invariably the case that it may be laid down as a rule that Tetanus will commence about the head and neck and gradually extend to include the whole body. More especially will this be true if the case be a severe one or long continued. If this irritation (and simple irritation is sufficient to account for the whole phenomena) be

long continued, inflammation or effusion, or both, and both have been noticed, would necessarily be anticipated as a result. If it does occur, a post mortem examination will show it, and it has in the recorded cases about as often as we find it arising in other morbid conditions from violent or long continued irritation. It is an unpleasant omission that the cures recorded of morbid appearances after death are not more minutely given as to the violence of the attack or length of time it continued, as affording some ground for reasoning upon this subject of inflammation arising from the capillary injection due to the increased flow of blood to the part, attracted there by the irritation in the organ itself. Whenever we notice morbidly increased action of the muscles of any portion of the body, we know that the part from which the nerve is derived which supplies that part is morbidly stimulated, the degree of which we measure by the extent of the muscular manifestations. Lavrey supposed that opisthotonos and emprosthotonos occurred according as the wound was situated on the anterior or posterior portion of the body; but further observation has determined that the position of the wound is no guide to the character of the disease. It also shows that except in rare instances it begins as Trismus and ends as general Tetanus; and in some of those rare instances there have been found an increased vascularity of only the portion of the spinal cord and its membranes in which the motor portion of the 5th pair have their origin. This fact is in accordance with the observation that irritation of any part of the nervous substance will increase the function of the part dependent upon the part irritated. The intelligence and general sensibility are not usually affected, and the cases reported may have been the very cases in which morbid traces were found after death in the brain and its membranes, and those conditions may not necessarily have been neither the cause nor the result of Tetanus, but an independent coincident diseased condition. Inasmuch as the characteristic symptoms of this disorder are referable to increased motor influence, we must conclude that irritation of the tractus motorius is a pathological condition necessary for the production of Tetanus. A slight degree of pressure will produce irritation, whether applied to the spinal cord, in the course, or to the extremities of nerves, and we find morbid alteration or injury of either has produced Tetanus. One of the diagnostic signs of spinal meningitis is muscular rigidity and spasm, and the most common morbid lesion discovered after death from Tetanus is increased vascularity of cord or its membranes. Judging from this fact, and knowing that such lesions are not positively necessary to the production of the tetanic rigidity, but that simple irritation is all that is requisite, which leaves no trace after

death, it may be held as a fair presumption that this lesion when found is an effect of the disease as often as it is a cause, though its presence would be a sufficient cause. Pelletier and Bergarnaschi attributed the disease to inflammation of the nerves of the part injured, and from them extending to the cord. This cannot always be the case, since we fail often to find inflammation in any of the wounded parts, and sometimes have the disease without injury of any parts, and no premonitory symptoms referable to the cord indicating such diseased condition prior to the attack, and in the majority of cases no traces after death of inflammation of the part, the cord or its membranes. Swan, having in some cases found the sympathetic nervous system preternaturally injected, thinks the various predisposing and exciting causes produce disorder of the digestive organs, which is communicated by the ganglionic nerves to the other parts of the nervous system. these views are fully capable of explaining how in certain cases irritation may be induced in the spinal cord, but they do not explain why it should produce it sometimes and not at others, and why traces of such disease are not always found after death. Both are no doubt the immediate cause of the disease occasionally. The facts we have combined in this history of Tetanus lead to the inference that besides the local injury there exists a peculiar condition of the system which favors the production of Tetanus, and that if this condition is not present the injury is powerless to produce it. no matter what its character or extent. Else why is it found so much more prevalent in some localities than in others? following in some systems the slightest injury, and absent in others after the most extensive lacerations or punctures. It is more frequent on sea-coasts, in males than in females, in low and damp situations, and in middle age than in the very aged or the very young-strong circumstances, pointing to a climatic influence. Again, it is well known that persons residing in those localities where this disease prevails, evince exaltation of nervous function, and that nervous symptoms are markedly prominent in them when laboring under fevers and other diseases which in other localities are characterized by disturbance of the circulation. It is not probable that the condition of system requisite to the inception of Tetanus is a specific poison, circulating in the blood as in hydrophobia, but a morbid condition of nervous system arising from a peculiarity of local atmosphere and local geology, one or both. Witness the fact that one case of Tetanus occurs in about 30,000 wounds of all sorts in the city of New York, while in portions of Long Island a case will occur in less than 200, while but a few miles distant on the same islaud, no case has ever been known to occur. For instance, the Hamptons, where it is quite frequent, is

but three miles from Montauk, where no case was ever known. Riverhead, it is quite frequent; five miles to Wading River, no case has been recorded. In these localities it often occurs without any wound, from the effect of exposure as an irritant operating upon morbid nervous condition as a remote cause. Other proofs that some such condition is requisite and always present as a precedent to its production are found in its resulting from such a variety of causes, as all character of wounds, all kinds of intestinal irritations, the presence of worms and foreign bodies, exposure, &c. While similar causes in the same localities occur repeatedly in various subjects, often repeated in the same subject, and not Tetanus results. Thus, it appears that local injury, local irritants, and local and general injuries and irritants may light up the latent cause, and thus become the exciting cause of the disease, but that none or all combined of these causes can produce The prognosis is more unfavorable it independent of the latent cause. in the traumatic than in the idiopathic form of the disease; the danger in both depends upon the frequency and violence of the spasms, the extent to which the muscular system is affected, and the character of the rigidity; the favorable indications are long intervals between the exciting cause and the accession of the disease, this proving that the peculiar morbid condition of the system predisposing to the disease, was not present in a marked degree, the slow progress of the disease and the patient surviving beyond the fourth day, the muscular spasms not general, frequent, or severe, the respiration easy, and the pulse natural. The unfavorable symptoms are general spasms, quick accessions, general rigidity, rapid progress of the affection, violent paroxysms occurring frequently, urgent dyspnæa, rapid, thready, or imperceptible pulse, inability to swallow, cold and clammy perspiration, livid countenance, delirium, &c.

In idiopathic Tetanus, if the patient be a plethoric one, and the pulse full, hard, and frequent, skin hot, tongue foul and dry, the treatment may be commenced by the same treatment you would give to chronic spinal meningitis, viz: Cold to the head and spine, cold bathing, warmth to the extremities, bowels open, other secretions active, Dover's Powder and injections Tr. Assaffa. as sedatives and antispasmodics, and to allay the exalted nervous function; but you should constantly bear in mind the trivial wounds that are frequently unthought of until Tetanus occurs; and the numerous sources of irritation constantly occurring in the bowels and various parts of the system, all of which are well known exciting causes of Tetanus, or you may find yourselves treating as a case of idiopathic Tetanus, one that belongs to the traumatic form of the disease, in the treatment of which of course one

of the first things to engage the attention is the immediate cause and it, removal. For instance, tetanic spasms of the tongue and face have been relieved by removing a decayed tooth. Again, by the removal of the dens sapientia. If the disease is produced by local irritation, the utmost pains must be taken to discover it, to remove it, and to obviate its effects. If suppression of the lochia, leucorrhea, or other chronic discharge have preceded the attack, we should endeavor to promote their return, or establish some artificial drain in the adjacent parts. If worms are present, some active vermifuge should be given both by the mouth and as injections. Turpentine and yolk of egg has frequently relieved tetanic spasm. If the disease can be traced to checked perspiration, hot-air baths and diaphoretics. Wounds are, however, the most frequent cause of traumatic Tetanus, and should in all cases be carefully examined, to ascertain if there be any foreign body in them; if so, remove it. My own practice has been, if no foreign body was discovered, to lay the wound open by a free and full incision, and dressing it with cotton batting, saturated with tinct. opii. The object in making the incision is to fully divide any partially divided nerve, to free any that might be included in the cicatrix, and to relieve the surrounding tumefaction which might be causing pressure upon some nervous filament. Again, if there should be inflammation of a nerve or its sheath, the local bleeding will have a tendency to relieve it; in short, in all punctured wounds. And · it is in this class that I have most frequently met with the disease. It is a safe practice to make the incision and the cotton and opium application as above directed immediately before Tetanus has made its appearance. Indeed, from the frequency of the occurrence of this disease in my former practice, I was in the habit during the season when Tetanus is most liable to occur, and when if it did appear it was most likely to prove fatal, of keeping the wounds of whatever nature covered with cotton or lint saturated with laudanum, and either the treatment or the absence of the peculiar morbid condition of the system allowed me to recover some very unpleasant gunshot and punctured wounds without any symptoms of Tetanus arising, or sufficient irritation of the nervous system to cause the loss of an hour's sleep to the patient. At the same time it must be remembered that the disease once called into action often continues after all local causes are removed; hence, you will not stop with the proper application to remove all local irritation or immediate cause, but commence at once the general or constitutional treatment, and after using all the remedies which have hitherto been suggested for the treating of this disease, the treatment in the case reported above gave the best results in my practice.

And I have seen 26 cases of Traumatic Tetanus eut of 37 get well. One of the fatal cases was the boy who strangled to death two weeks after being discharged cured. Another was a boy five years of age, who received a kick from a horse, crushing the outer plate of the frontal bone at the inner angle of the right eye, somewhat breaking down the nasal bones as well. He was insensible for about two minutes after receiving the injury, then gradually recovered consciousness, and was doing apparently well up to the fourth day, when symptoms of inflammation of the membranes of the brain made their appearance. In a few hours more tetanic rigidity and spasm. The little fellow expired comatose early on the seventh day after the injury.

In all the other cases no impartial observer could have found anything to complain of in the effects of treatment. It was marked as decidedly beneficial, and failed only from the impossibility of controlling it and having it applied with such method as to give reasonable hope of success. In hospital practice, and often in private practice as well, this disease will prove fatal, however well directed and effective our remedies may be; in the hospitals for the reason that you cannot in public wards control the inmates so as to have perfect quiet, which is the first essential in the treatment. The same thing will frequently occur in private practice, sometimes from the officiousness of friends, sometimes from the morbid curiosity of others, impelling them, at great inconvenience to themselves and manifest injury to . patients, to visit them for the mere purpose of witnessing their tortures. Again, it is often impossible to obtain the assistance of nurses of sufficient intelligence and determination to comprehend and carry out your directions faithfully; and so violent and deadly are the attacks of this disease, and attended by so many important circumstances, each one of itself if neglected, capable of giving it a fatal result. All plans of treatment will occasionally fail, even without exhibiting any proof against the plan of treatment, but of want of faithfulness in carrying it out.

BERGEN AVENUE, JERSEY CITY.

COMMUNICATION BY DR. C. H. MOORE.

In what was formerly Bergen, now Jersey City, unusual good health prevailed during the summer, and September and October of the fall months. Malarial fever, of both the intermittent and remittent types, with a development of typhoid symptoms in some of the latter, frequently appeared during

the period referred to. Two congestive cases came under my immediate notice. With the commencement of November, diphtheria made its appearance, and has since constituted one of the prevailing diseases. The type of the disease has in the main been of a very malignant character, with the exception of a few cases, in which croup occurred as a complication. Permanganate of Potassa was used in many of the cases with very satisfactory results. Among children there have been a large number of cases of scarlet fever and measles, especially the latter. The mortality has been small. Owing to the very changeable weather of the past three months, pulmonary diseases have been of general occurrence. The few cases of capillary bronchitis that came under my care, promptly yielded to treatment by Carbonate of Ammonia. During the month of April, rheumatism became quite prevalent. Alkalies and Colchicum formed the chief remedial agents. In two cases hypodermic injections of Morphia, repeated several times daily, were used to allay pain, it being of such intensity that nothing would answer in their stead.

I have used Morphia hypodermically very frequently during the past year in cases of acute pain, where I wished to obtain the effect of the anodyne quickly, and in all cases it brought relief to the patient, without being followed by any unpleasant results. In one case of acute delirium, after Hydrate of Chloral and Bromide of Potassium had been carried to the full extent that I deemed safe, and until the stomach would no longer retain them, by resorting to subcutaneous injections of Morphia the delirium subsided and a quiet sleep followed. In the hands of a careful practitioner, I think this improved method of using Morphia both a safe and reliable one.

COMMUNICATION BY DR. J. W. HUNT.

April, 15, 1874.—The summer months of 1878, were, so far as my observations extended, unusually healthy in Hudson County. The tendency to enteric diseases was rather markedly in abeyance than otherwise, notwithstanding the rumors of cholera in western and southern parts of the country. There were some cases of fever, generally of malarious origin, which yielded readily to treatment, and presented nothing worthy of note.

During the autumn, notably in October and November, diphtheria began to make its appearance, and soon assumed the character of an epidemic, which continued through December and January, 1874, and, indeed, until the present writing—April—there have been isolated cases in various parts of the county. The disease showed no preference, either in locality or condition of life, of its victims; I saw cases both on the high and low ground; among the rich and the poor. In many cases, the attack from the commencement of the disease was marked by the wonderfully depressing power of the toxic element.

My own treatment, in the main, consisted in the exhibition of iron and quinine, and the inhalation of steam from slaking lime. When the patient was old enough to gargle,—chlorate of potass, and alum in sol, were directed to be used frequently in that manner; if too young to use the remedy in that manner, it was given in very small quantity, at short intervals, as a local application to the throat. Stimulants were not used, no other local remedies, and no interference with the membrane. As to its success, I can only say that so long as the results of such treatment continue as satisfactory as they have thus far been, I shall pursue the same general plan.

During the winter, we have had whooping-cough, measles, erysipelas, and scarlet-fever, the two latter in epidemic form; both of which continue to prevail at this time, though with less violence than during the months of February and March.

Of the treatment of scarlatina much has been said, and doubtless will continue to be.

There was a time when I, in common with many others, did believe in the specific effects of the so-called bi-sulphites of sods and magnesia as antidotal to the poisons of zymotic diseases. But after some considerable experience and careful observation, I am sorry to be obliged to say that in my hands the result is in no particular changed for the better by their use; nor can I now say that I believe that any such effect has been produced by their administration, as to modify the disease or to destroy the virus, when given as a preventive measure, either in my own practice or in that of others with whom I have consulted. For more than a year I have entirely ceased to prescribe the remedy, and my success in the treatment of the disease has certainly been in nowise diminished thereby. Iron and quinine, with chlorate of potass, in sol, as a local application to the throat, are remedies that are usually indicated; which, with attention to the general condition of the patient, meeting often indications as they arise, and proper nourishment, is the treatment which in my hands has been most successful, when any medication has been required.

I have seen two new cases of rubeola presenting to me a new phase, namely:—That the disease was ushered in by a convulsion. The first, a

child of two-and-a-half years, in usual health, had been out to play during the day; had no catarrhal symptoms, and no cough; was seized in the evening with a convulsion, which was followed by comatose sleep of about two hours' duration, flushed face and hot skin. Ordered a mercurial cathartic which acted well, and the characteristic eruption appeared the following day. The child did well. No other medication was resorted to, except tr. opii camph. occasionally, to allay the cough; small pieces of ice, ad lib.

The second case occurred about a month later, a boy six years old, living in the same street, and only a block distant from the former case. Convulsion occurred in the evening. The child had been out during the day, and in good health, (as stated by the parents,) except a slight cold and want of appetite for a day or two previous. No sleep immediately followed the convulsion. The eruption had already made its appearance when I saw him, and was probably present an hour or two before the attack. The patient did well. Same treatment as followed in previous case.

All the cases of erysipelas that have come under my care, have been subjected to a uniform treatment, except three, which were unusually severe; and in two, involving the deeper tissues, a mercurial purgative at the commencement, and lead and opium wash to the inflamed surface; ice, ad lib.; opiates when necessary, to relieve the pain; and such nourishment as they were able to take, chiefly milk.

In the three cases referred to, quinine was given in five gr. doses, two or three times a day. In two of the cases, destruction of cellular tissue was extensive, and the wounds from free incision were quite a long time in closing. In one case, life was menaced for a number of days, in a patient 83 years of age; though in a younger subject, the same extent of disease might not have been considered dangerous.

All of my cases recovered.

I was myself subjected to a violent attack of the disease, in June, 1878, which involved the entire face and scalp.

The force of the disease seemed expended in about the usual time, and desquamation was nearly completed, when a second attack occurred with, perhaps, somewhat less violence, but involving precisely the same tissues, and was followed by glandular inflammation and suppuration. The consequent exhaustion was very great, and it was months before I regained my usual strength. I have recently seen a case where there has been a similar repetition of the disease; which, to say the least, is an unusual occurrence. I took no stimulants while suffering with the disease myself, nor have I

prescribed them in the cases which have been under my care; because I believe them to be productive of no benefit in such cases, and in certain cases their use may create an appetite therefor, though that would not deter me from their use, should I deem life to be in jeopardy, and that they possessed saving powers.

REPORT BY DR. J. R. VARICK.*

To Chairman of Standing Committee, &c.:

The summer immediately following our last annual meeting was one of unusual health. Dr. Payne, of Bergen Point, writes, "The past season with us in this section has been an unusually healthy one, not an epidemic of any kind, the summer temperature being very moderate, the cases of intestinal diseases were mild in character and easily controlled."

With the setting-in of autumn, there was an unusual prevalence of malarial disease, assuming the form of Intermittent, Remittent and Typho-malarial fever. The latter disease continued through the winter, and spring of this year, and although of a severe type it rarely proved fatal.

During the same period, many typical cases of diphtheria occurred, characterized by exudation to a greater or less extent, involving the tonsils, uvula, soft palate, and buccal and pharyngeal mucus membranes, together with an unusual amount of cervical and sub-maxillary adenitis.

The treatment relied on, so far as my individual practice was concerned, consisted of *Bi-Sulphite of Soda*, Quinine, and nutritious diet. No effort was made to dislodge the exudation, and the only local treatment used was stimulating liniments externally, and the following in small quantities, and frequently

^{*} Note.—The divisions in the District Society of Hudson County, secured to the Committee two reports, both of which are published.

repeated, applied to and allowed to dissolve on the tongue, thereby diffusing itself more perfectly over the parts than would be accomplished by gargles or the use of sponges or brushes:

Potass Chlorat, 3ii.
Pulv. Sacch. Alb., 3iii.

M. Pulv. Acaciæ, 388.

This preparation was occasionally varied by substituting alum for the acacia. This treatment has been followed by me for the past ten years, and although during that period we have suffered several severe visitations, I have met with but three fatal cases.

Rubeola and Scarlatina, during the winter and spring months, prevailed to a moderate extent. The characters of each presented nothing worthy of note.

Puerperal Fever, during the past few months, has been more or less prevalent; so much so, that it may be considered as presenting an epidemic character. Quite a number of cases have proved fatal, especially in primiparæ, yet many recoveries serve to mark the mildness of the disease as now prevailing. In reference to the subject, Dr. M. A. Miller writes: "Experience suggests that a distinction may be drawn between the cases as they have occurred. In severe attacks, terminating fatally, a post-mortem examination has invariably revealed extensive peritonitis, with puriform collections co-existing with hysteritis. In other cases, the mildness of the symptoms would indicate that the inflammatory process has been limited to the proper tissues of the uterus, or involving also the uterine appendages; when such attacks have terminated in resolution and recovery, it may have been without exposing the organs to serious injury, or limiting the injury to adhesions between contiguous portions of the serous membrane. If, however, the fallopian tubes have been involved in the inflammation, the cavity of one or both may be

obliterated, preventing altogether their ordinary functions. The following symptoms have been noted in connection with the cases under observation: In the milder cases ending in recovery, the disease has been found to commence usually on the third or fourth day after confinement, and generally with rigors, followed by heat of skin, thirst and headache, the heat of skin soon subsiding. The pulse rises in frequency to 100 or 110, the tongue dry and furred, and to these symptoms succeed nausea and vomiting, and increased sensibility of the The abdomen is at first soft and without tenderness. which is only felt on pressure over the uterus. As the disease advances the abdomen generally becomes tympanitic. lochia are sometimes suppressed for a few days, and often The secretion of milk is usually arrested for the time. fetid. In one case convalescence was established within two weeks: in other cases deferred until the third or fourth week; but weakness and debility have been found to linger long with the patients. In the more severe cases, the invasion of the disease on or before the third day after delivery, has been marked by rigors, followed by heat of skin, thirst, flushed face, quickened pulse, and hurried respiration; the heat of skin, however, subsides under free perspiration, and during the further course of the disease may not exceed the normal These symptoms are soon followed by nausea, vomiting, pain in the head, and tenderness in the iliac region. The patient early complains of pain in the abdomen, which generally commences in one of the iliac regions, and especially the right, gradually radiating over the abdomen. after the disease is established, the abdomen becomes tumid and tympanitic; the tympanites being due to air contained either in the intestines or peritoneal sac. The lochial discharge is usually suppressed early in the attack, returning after a few days changed in color and offensive in odor. The secretion of milk is suspended. The pulse is uniformly frequent

throughout the disease, ranging from 110 to 140, generally small and wiry, but often feeble. The tongue may be found coated with a whitish fur in some cases, while in others it is dry and brown in the centre, with a white fur at the edges. The stomach is disturbed at a very early period, and the nausea and vomiting continue at intervals throughout the attack. Obstinate constipation marked most of the cases. The intellectual faculties have been but rarely affected; the patient retaining her consciousness and senses till very near the end. A fatal termination has been usually found from the fifth to the tenth day from the invasion of the disease. In the several post-mortem examinations held at the Jersey City Charity Hospital, great uniformity has been observed in the morbid appearances. On opening the abdomen, which as a rule was swollen and tympanitic, the intestines were found greatly distended by gas. The peritonitis generally exhibited signs of inflammatory action, being more or less vascular, especially that portion of it covering the uterus. The peritoneal sac contained a large quantity of a thick, yellowish, white-colored fluid. The omentum was reddened and congested, and covered by thick layers of pus, with layers of lymph agglutinating the omentum and intestines together. The uterus was surrounded by puriform matter, and not manifestly enlarged, but usually contracted to nearly the normal In opening the uterine cavity, false membranes of coagulable lymph, mixed with blood and lochia, were found on the lining membrane, which was thickened and congested. In all the cases the lining membrane of the fallopian tubes was reddened and congested throughout.

In regard to the treatment of the disease, I have nothing new to suggest, except that beyond warm poultices, the great tenderness, distension of the bowels was often much relieved by injections of lac assafætida with spts. terebinth. Pain was controlled by hypodermic injections of morphine, and while recognizing the zymotic element of the disease, bi-sulphite of soda was given freely in combination with quinine. Other supportive measures were usually indicated.

In reference to the inquiries propounded per circular of April 6, I beg leave to report as to "Observations upon the use of Chloral Hydrate," that I have not used it as extensively as some of the practitioners in the county, but so far as my experience extends, am inclined to view it as a rather unsafe remedy when administered in full doses of 388. to Bij., and not altogether reliable when given in smaller ones. I have observed that, in the same subject, its effects are unequal even when administered in the same dose, modified largely by the condition of the stomach; thus, in cases in which there exists a large quantity of free acid in the stomach, much larger doses are borne; while a much smaller dose has produced alarming effects when the secretions have been neutral or alkaline. As a hypnotic it is a powerful agent, but often leaves the patient with a severe cephalalgia in the morning, or as has been described, a feeling as if they had been on a spree."

Dr. Miller reports, "It is the usual custom on the medical side of the Jersey City Charity Hospital to treat all our cases of delirium tremens with a combination of hydrate of chloral and bromide of potassium, repeated at intervals, often combining minute doses of sulph. of morphia with the above, and I have never found such a combination fail to give quiet and prolonged sleep."

Dr. Miller further reports, "Only in one case, and that inprivate practice, have I observed any alarming symptoms follow the use of hydrate of chloral, and in this case a lady patient was given every half hour ten grain doses hydrate of chloral, until plunged into profound slumber; about 3i was administered in all. On being aroused seven or eight hours afterwards, the patient was suddenly seized with repeated attacks of syncope and impeded respiration, from which she was rallied by free stimulation."

I have used it with good effect in cases of protracted labor occasioned by rigidity of the os.

In cases of nocturnal incontinence of urine, I have seen it act like magic. One case I can at the moment recall, of a most aggravated character, a single dose of three grains administered at bedtime produced a permanent cure.

"Hypodermic Medication" I resort to but seldom.

My experience is limited to the use of morphia and belladonna. I have used the former principally in cases of sciatica and facial neuralgia. I report one aggravated case of sciatica which had resisted all treatment, including acupuncture and the actual cautery, caused by injecting in the course of the nerve eight minims of Magendie Solution.

I am satisfied, by personal observation, that a frequent repetition does not produce a tolerance of the remedy; in fact I have been compelled to diminish the quantity at subsequent injections.

Belladonna and atropia I have used in two cases of poisoning by morphia, in which dissolution seemed impending, and every other remedy, including artificial respiration, had failed. It was an interesting fact to note that the return to consciousness was coincident with dilatation of the pupils.

In connection with the subject of hypodermic medication, see report of a case of puerperal convulsions, by Dr. J. D. McGill, appended to this report.

"Do the prescriptions of physicians, as a general thing, contribute to make drunkards?"

I have been a practitioner since 1846, and have yet to see the first case of the kind traceable directly or indirectly to this cause.

For a consideration of the three propositions in question, I

refer to the enclosed communication of Dr. J. E. Culver, of this city.

I also append the report of two cases of interest, by Dr. F. G. Payne, of Bergen Point.

COMMUNICATION BY DR. CULVER.

CHLOBAL HYDRATE.

I am familiar with the use of Chloral Hydrate, and regard it as a most valuable and efficient remedial agent for many of those cases which imperatively demand the prompt relief of pain and sleeplessness. I have never known it to fail to induce the desired anæsthesia within a brief period after its administration. With equal success I have used it in combination with Muriate of Morphia, and also with Bromide of Potassium. The largest dose I have given to an adult is half a drachm, repeated, if necessary, once or twice, rarely more times, generally after half-hour intervals. No ill effects have followed its ingestion, in any instance in my own practice. Still, howeyer, I find that, beyond the peradventure of immediate repair it deteriorates the oxygen-carrying capacity of the blood, and impairs all the vital functions for a time. Its therapeutical use should, therefore, I infer, be restricted to certain temporary emergencies; and it should never be administered day after day for a long period continuously. For the same reason it should not be resorted to immediately after the protracted inhalation of Chloroform, Sulphuric Ether, or Nitrous Oxide gas; nor especially after surgical operations attended with much loss of blood; and its use should be absolutely interdicted to feeble, lymphatic infants, to worn out, bloodless, aged patients. and indeed to all who, from exhausting discharges, or from any other cause, are already in a state of extreme anemia. In this condition a single full dose cannot sometimes be exhibited without imminent risk of fatal consequences. I am aware of a few instances in which very eminent physicians, who have ignored these considerations, have been astonished with the unwelcome sight of a martyr.

I have also employed Chloral Hydrate in repeated small doses, and in various combinations, to relieve attacks of asthma, and to moderate cough in phthisis and pertussis. It answers the purpose temporarily, but possesses no very notable value in these cases.

HYPODERMIC MEDICATION.

Hypodermic injections of Sulphate of Morphia in aqueous solution, have been employed by me in the last stages of malignant tumor in two instances—the one a lymphoid sarcoma, the other a medullary carcinoma—to mitigate the terrible attendant sufferings. They answered fully my expectations, after other means had become inefficient. This is the full extent of my experience of Hypodermic Medication of my own prescribing. It has come to my knowledge, however, that very many unexpected deaths have suddenly followed the Hypodermic injection of the Sulphate of Morphia; and pending the risks of such a catastrophe, I prefer to resort to it only after other methods of treatment have proved unavailing.

"Do the prescriptions of physicians, as a general thing, contribute to make Drunkards?"

As a general thing! I reply emphatically, No! I have been a practising physician twenty-five years, and a stickler for abstinence from intoxicating beverages all my life, and albeit my acquaintance extends to numerous families employing various other medical advisers, I have not anywhere met with a single example of a drunkard, for whose besetting vice it has been shown, or even claimed, that a physician's prescription was in any wise responsible. If such like examples ever have other than a mythical existence, they must be very rare indeed. As a general thing ! it is a base and insolent calumny against the medical profession and against humanity, thus pseudo-pretentiously in the interest of temperance to assert a proposition which everybody's observation certainly contradicts. However, it may have been thoughtlessly reiterated by honest men, it is an aspersion fit only for the mouth of an unprincipled clap-trap lecturer, or a designing impostor, who fancies that a learned profession stands in the way and forbids to his cant and artful knavish practices the coveted boon of wealth and respectability.

The use of stimulants in medicine is, not to intoxicate and produce any pathological condition, but to sustain a failing blood-circulation and respiration, to restore and invigorate digestion; in fine, to impart activity, and energy, and normality to all those functions of the living body, the physiological performance of which is essential to life and health, and which are for the time being, seriously impaired. Every intelligent physician in extensive practice meets with patients for whom he finds the liberal use of stimulants for a time to be beneficial; and, verily, to some of whom the very liberal use of alcoholic stimulants or immane death is the only alternative.

But does the use of stimulants in sickness tend to create an appetite for

them afterwards? If it does, even exceptionally, I am not aware of it—it is contrary to all my experience. I have addressed this question to a reverend clergyman, eminent for his learning and many virtues, a good observer of men and things, who himself practices and publicly advocates in sermons and lectures, total abstinence from intoxicating drinks. He assures me that his observations entirely coincide with my own; and he sums up his personal experience as follows:

"I have been unfortunate enough several times in my life to be in a condition of utter weakness and prostration. At such times alcoholic stimulants have been prescribed for me by the attending physician. The article administered (usually Bourbon whiskey) has at first been decidedly agreeaable as to its taste as well as its effects; but in every instance as the strength increased and the system recovered its tone, it grew less and less palatable, till it finally became rather nauseating. There has not, therefore, been any tendency that I should suppose could possibly engender a deprayed appetite or lead to habits of intemperance."

CASES BY DR. PAYNE.

CASE OF HYDATIDS FROM DEGENERATION OF THE OVUM.

Mrs. I., aet. 30, multipara three months pregnant. When seen was supposed to be suffering from a miscarriage. Her general condition was rather alarming. Respiration 40; pulse 130; temperature 104. Waxy and puffy countenance and general anasarca. On examination per vaginam found the os dilated to admit of finger; could feel a soft, presenting mass, a slight oozing of bright blood. The distention of the abdomen was as great as at full term; the urine was highly albuminous. The patient from irritation of the stomach had not retained food for 24 hours. At this time there was no pain anywhere—a feeling of nausea and great weakness.

The indications for the relief of this patient, were as speedily as possible to rid the uterus of its contents, which was accomplished by small and frequently repeated doses of Fluid Ext. Ergot. After waiting a few hours, pain and uterine contractions expelled the contents, a mass of hydatids resembling in size and shape, grapes pedunculated, and containing an amber colored fluid. The growth of these bodies was very rapid, as the mass expelled was large enough to fill an ordinary bucket. After the expulsion of the mass the patient rallied, the hemorrhage was slight and she made a good recovery. This was a disease of the chorion villi after the

death of the embryo. No trace of it could be found in the expelled mass.

Cases of this cystic degeneration may exist in the *Placenta*, while a portion of it may be healthy, nourishing the growing feetus.

A case occurred in my practice some time since in which the fœtus lived till full term, weighing seven pounds, and though still born, was perfect in all its parts, and the placenta a mixed mass of healthy and hydatid-form tissue, was expelled after the fœtus.

May 26, 1873, was called to see Mrs. R., act. 24, in her second pregnancy. She was suffering from edema of the legs and face. Her general health good; bowels very costive, and urine scanty. Ordered Hyd. Sub. Mur. grains ii., Pulv. Rhei. 1 scruple, at bed-time.

Examined her urine on 27th; albuminous and uriniferous casts.

28th, the purgative had acted once. Ordered Pulv. Jalap, grs. x. Pot. Bitart. 3i., Pulv. Zingib. 9ss, ft. Pulv. i. One twice a day.

Eight P. M., bowels profusely acted upon. Complaining of colicky pains. Gave 1 scruple of Pot. Bromide in Syr. ginger. Midnight, no easier. Order Chloral Hydrat. ziss., Morphia Sulph. gr. i., Syr. Simp. 3i., zi every hour until relieved.

29th, 9 A. M., still suffering from abdominal pains, and had taken a third powder. 12 M., the pains becoming more regular, very restless and excited. 2 P. M., labor progressing favorably; cannot make out presentation. The finger impinges upon a soft semi-solid mass having a doughy feel.

3:30, sent for counsel and assistance; applied the forceps, but they slipped.

Under chloroform introduced the hand, but could not reach a foot. The uterus seemed filled with a cystic tumor. On careful examination made out the face turned to the hollow of the sacrum.

Punctured the tumor behind the ear and discharged an enormous amount of fluid, which enabled the fœtus to be expelled.

The placenta was attached, requiring manual removal. The patient made a good recovery.

The fœtus is apparently about six or seven months, male, generally anasarcous. The arms and thighs bound to the trunk by a web of skin. The tumor extended from the post. border of the os frontis to the dorsum; was made up of numerous cysts, varying in size from a filbert to a large orange. But one large cyst was unpunctured. It contained nearly a pint of yellow serum. The cysts had no connection with the brain cavity. The cavities of the brain and thorax seemed natural. The abdomen seemed

filled entirely by the liver, which was of a greenish yellow color, filled with bile. On tracing the common duct, it was occluded close to its point of entrance to the duodenum.

CASE BY DR. McGILL.

PUERPERAL CONVULSIONS.

On the evening of September 25th, I was called to attend in labor Mrs. T., a young primipara, 17 years of age. Although I had been engaged some two or three months previously to attend the case, I never had been called upon to visit the patient or prescribe for her. Upon my arrival I found that Mrs. T. had been in labor some four hours and appeared to be progressing favorably, but rather slowly. The os uteri was dilated to about the size of a penny piece, somewhat rigid, the child presented by the vertex. After waiting some time and finding the labor to progress very slowly, I left the patient, with orders to send for me when the pains should become more urgent. I was not sent for until 5:30 the next morning, and then found the patient to be in the second stage of labor, the head well down in the pelvis. After watching her for about half an hour, I noticed that she tossed about her arms considerably; would weep at times passionately; was very restless generally. This condition was followed by nervous twitchings, especially of the facial muscles, and trembling of the right arm. The pulse became quickened, from 84 to 120. These symptoms exciting my apprehensions, I questioned her and found that she had not passed her water for over 12 hours, that for the last few days her legs and face had been swollen; immediately I introduced a catheter into the bladder and drew off some two or three ounces of dark-colored urine, which upon subsequent examination was found to be highly albuminous. A few minutes later the head of the child resting upon the perineum, the patient was seized with a violent convulsion, lasting some eight or ten minutes. I endeavored to control the spasm by pressure upon the carotids, without the slightest effect. Immediately I sent for my forceps and some chloroform. In the meantime another convulsion, more violent and prolonged than the first, took place. it had entirely ceased I applied the forceps and in a few minutes delivered her of a large, living child. Noticing the inception of another convulsion, I placed her under the influence of chloroform, which appeared to ameliorate but not check a third convulsion. I then introduced my hand and ex-

tracted, without trouble, the placenta. A semi-comatose condition now supervened, with somewhat stertorous breathing; the chloroform was then The patient continued in a more or less comatose condition for forty minutes, when the restlessness returned, this being speedily followed by another convulsion, notwithstanding the use of chloroform. One convulsion then followed another at intervals of 15 to 30 minutes; a semi-comatose condition, with difficult breathing, supervening in the interim. Pulse 132, weak; temp. 103 deg. (Axilla); skin dry; resp. 10; Chloroform failing in its desired effect, Norwood's Tr. Verst. Viride, 5 gtts., combined with Potass. Bromide, 15 grs., was given every half hour, increasing the dose of Veratrum by one drop each time. After the fourth dose, there being no cessation in the frequency of the convulsions, nausea, with subsequent copious vomiting was induced, the patient becoming semi-conscious. Pulse 132: weaker than before; temp. 1021 degs. (Axilla); resp. 10. After a short time the patient speedily relapsed into her previous condition—semi-comatose with frequent convulsions. The Veratrum after a while was again tried, 2 to 3 gtts. (alone) every hour, but with no appreciable effect, the pulse ranging 188 to 185; temp. 102 to 108 degs.; skin dry.

Giving directions to continue this treatment, I left the patient for about two hours. Upon my return I found her to be weaker, the pulse more rapid, the coma more profound, with no improvement in the violence or frequency of the convulsions. A stimulating injection into the rectum was employed. Some ten hours had now elapsed since the convulsions commenced, and so far all the means employed for the relief of the patient had utterly failed. She appeared to be sinking fast. I was much discouraged. mined to try Dr. Loomis' plan of using hypodermic injections of morphine. Patient at the time was in the restless state that precedes a convulsion. m, of Magendie's Sol. Morph. Sulph. were injected into the arm. effects of this injection were somewhat marvelous. After a few minutes the restlessness and muscular twitchings subsided, the breathing became An hour later I left her sleeping quietly, skin moist, more natural. pulse 120, temp. 102. Three hours afterwards I was sent for and found the patient in another convulsion, not a very severe one, however. I again injected Sol. Morphine in the arm, this time 15 m. She soon fell off into another quiet sleep, perspiring quite freely. I introduced a catheter into the bladder and drew off some six or eight ounces of urine, which upon examination was found to be very slightly albuminous.

At one o'clock the next morning, being called to attend a case of labor in the street adjoining the one on which my patient lived, I stopped to see

her, and found her sleeping quietly, free diaphoresis, pulse 100, temp. 101, resp. normal.

At 9 A. M. saw the patient again; she had had no return of the convulsions; was somewhat restless, skin very warm, but moist; pulse 104, temp. 101. Not having passed her water yet, I introduced the catheter and drew off some 10 or 12 ounces of light-colored urine, which was found to be completely free from albumen. I ordered a half-ounce of brandy in a wineglassful of carbonic acid water, to be given every hour. From this time the patient gradually improved, and at the end of ten days was able to leave her bed.

The cause of the uræmic phenomena witnessed in this case was doubtless due to the pressure exercised by the gravid womb upon the renal vessels, preventing the elimination of urea. This condition is probably a very common cause of this in primipara when the abdominal walls are in a state of more or less rigidity. The uræmic phenomena in such cases being due to a mechanical cause. Prof. Loomis claims* that morphine can be administered hypodermically without endangering life, to the generality of patients affected with acute uræmia.

Its almost uniform effect so given is to arrest muscular spasm by counteracting the effect of the uræmic poison on the nerve centres, to establish profuse diaphoresis, to facilitate the action of cathartics and diuretics—in short, that it is, hypodermically administered, a powerful eliminating agent.

HUNTERDON COUNTY.

Chairman of Standing Committee, &c.:

The health of this county during the past year has been fully as favorable as usual. The ailments peculiar to this region have appeared in their accustomed seasons. Excepting along the Delaware, epidemics of a grave type have not prevailed. But here, since the beginning of the winter, there have been many cases of Scarlatina anginosa, generally grave in type and rapid in course, from which there have occurred many deaths.

^{*}Vide New York Medical Record for August 1st, 1878.



About the middle of December this disease began to journey eastward, and prostrated in its march not a few. On the hills its severity was less than in the valley of the Delaware. Of the twenty cases that fell to the charge of Dr. C. M. Lee in the vicinity of Ringoes, there was but one death. East of this point the ailment was still milder.

The remedies relied upon were Quin. Sulphas., Tr. Ferri. Chlorid, Potas. Chlor., Bromide of Potass. and anodynes, together with a nutritious diet.

In Baptistown, Scarlatina made its appearance in the latter part of March, and in the vicinity of Everettstown there have occurred some deaths.

The altitude of this village is but little above the Delaware, and is connected therewith by a deep ravine.

Our observations for the last ten years lead us to state that the type of this ailment for our county reaches its maximum in the valley of the Delaware, and the ravines therewith connected; and as the hills are ascended it grows milder, in proportion to the altitude of the places. I might also state, that many other severe ailments follow the same law. For instance, Cholera Infantum, Typhoid Enteritis, Intermittent Fever, Remittent Fever, &c., &c. But in the case of Colitis, the law seems to be reversed.

Dr. M. Abel, of Quakertown, writes me that his field has been quite free from epidemics, excepting that of Parotitis. He also states that for the months of March and April inflammatory affections have been more numerous than usual.

Dr. A. S. Pittinger states that from May 1, 1873, to April 1, 1374, no epidemics invaded his field. But early in April, Influenza of a typhoid character, made its appearance, and soon spread over a large district of country. It required prompt and energetic measures, but proved to be amenable to treatment. He also states that diarrhœa among infants oc-

curred more frequently during the past summer than usual; but, with one exception, all recovered.

Dr. Cramer, of Sergeantsville, states that no severe epidemics have prevailed within his limits; yet sporadic cases have occurred to such an extent as to keep him busily employed throughout the entire year.

At Lambertville, according to the reports of Drs. Studdiford and Larison, of that city, Parotitis prevailed during the winter and spring; also Rubeola. Dr. G. H. Larison reports a case occurring in his practice, of Rubeola "in utero." In this city, Scarlatina, during the above named epidemic, reached its maximum.

In the vicinity of Ringoes, diseases generally have assumed a mild type. During the whole year there has been less sickness than usual. We have been visited by Parotitis, Pertussis, Varicella, and at the present time there is a general sweep being made by Rubeola. All these ailments have been mild, and have required very little medication. cases of Typhoid Enteritis have occurred at intervals throughout the year. In the early part of February there were many prostrated by Pneumonia, which has prevailed rather epidemically ever since. Its character is altogether typhoid. From it have resulted two deaths. At first, individuals just past middle life were the only ones attacked; but shortly adults of less years, and, finally, it is confined almost exclusively to children. It has required prompt and persistent medication. The remedies most relied upon are Quinia, Sanguinaria, Potas. Chlorat., Morphia and Brandy.

Throughout the southern part of the county, for the past six months, there has been a great deal of disturbance in the nervous centres. In conference with neighboring practitioners, I learn that all of them have observed this affection. In my own practice I have been called upon to prescribe for more severe cases of neuralgia than usual, one case of which

proved fatal. For a long time irritability of the nervous system is one of the difficulties that we have had to encounter in the treatment of almost every case of disease.

I should not omit to say that the scrofulous diathesis is deeply implanted in a large per cent. of the population of this county; and its development in its various forms is the ground of the majority of the cases here that require medication.

The papers communicated by Drs. J. S. Cramer, of Sergeantsville; M. Abel, of Quakertown; C. M. Lee, of Ringoes, and of your Reporter, detailing cases of special interest, I append entire.

C. W. LARISON, Reporter.

RINGOES, May, 1874.

CASE-MEMBRANOUS CROUP.

BY DR. J. S. CRAMER.

November 16, 1873, was called to see Elizabeth B., a girl aged 7 years. I found her breathing with great difficulty, with the cough peculiar to croup. The mother informed me that she was to all appearance as well as usual, until the previous evening. I gave her pulv. alum \(\frac{1}{2} \) teaspoonful, mixed in molasses, and repeated every ten minutes until free emesis was produced; she then appeared to be greatly relieved. I gave her calomel, 2 gr., with instructions to repeat every two hours, and to give the alum whenever the dyspnœa came on.

Nov. 17. Found the patient comfortable; had given her alum at 4 o'clock in the morning; continued calomel.

Nov. 18. Found the patient in very much the same condition. Had occasion to give the alum again at 4 o'clock, A. M.; continued calomel.

Nov. 19. Saw the patient with Dr. Jno. F. Schenck. Found symptoms about the same. The Dr. approved of the treatment, which was continued; had given the alum again at 4 o'clock, A. M. The treatment was continued in the same way until the 30th, at which time, after a violent vomiting, she threw out a piece of false membrane 2½ inches long by 1 in width, after which she had no severe attacks of dyspnæa, and consequently no more use for alum. Continued the calomel for 48 hours, after which I substituted



iod. potass., and kept her on the use of it as long as the hoarseness lasted, which was about six weeks.

What appeared singular to me was the attacks of dyspnœa at 4 o'clock every morning, and that there were no constitutional effects from the calomel.

CASE—Poisoning from Eating the Leaves and Berries of the Deadly Nightshade.

BR DR. M. ABEL.

On the evening of October 18, 1873, I was requested to see the son of Mr. S., a bright boy of five years, who, the messenger stated, was delirious. I saw him about 10 o'clock, P. M.; found him seated in the middle of the bed, in a state of fearful excitement, starting as if frightened, in constant motion; confusion of intellect, talking incessantly, incoherently and indistinctly; reaching after imaginary things; eyes staring, pupils dilated to their fullest extent, and insensible to light; power to direct the motion of the lower limbs being entirely lost. No eruption, but a glow ever the whole surface. No nausea, or relaxation of the bowels.

After observing the patient for a few minutes, I inquired of the mother if she knew of any cause, or if he had eaten anything unusual that would produce derangement of the stomach. She replied that she did not know that he had. She further stated that at tea he was unusually lively, and remarked to her that what he ate "would not go down good." There seemed to be a constriction or choking sensation in the throat.

Some five years since, three children died in this place from eating the leaves of the deadly nightshade, which grows in a meadow in this vicinity. Suspecting that this trouble was of the same character, I commenced treatment by giving large doses of Ipecac every ten minutes, for the purpose of evacuating the stomach, and all the warm water I could get him to swallow. The emetic was very slow to act, but when it did, brought up the leaves and berries of the nightshade. After the emetic had acted, I prescribed a dose of Hyd. Sub. Mur., followed by Castor Oil, which also brought leaves and berries. Up to this time there was no improvement in the symptoms. I now commenced giving Dover's Powder in about 10 gr. doses, every half-hour, and requested that a neighboring physician be called in, who arrived in about three hours.

By this time the pupils had begun to contract, and for a few moments at a time he would notice things. On consultation it was agreed to discontinue the Dover's Powders, and gave Pot. Bromid. and lime water throughout the day. Visiting my patient again in the evening, I found him worse than when I left him in the morning, the pupils dilated again to their fullest extent; in short, the symptoms as when I first saw him, if not worse. I now discontinued the Pot. Bromide and lime water, and gave a solution of Morphia Sulph. every half hour, and concluded to remain with him during the night and watch the effect.

After taking two doses of the morphia the pupils again began to contract, and after the third dose he fell asleep. After sleeping about three hours he awoke, rational, and asked for something to eat. He took some nourishment, and again went to sleep. The morphia was continued for about 24 hours longer. During this time, as the effects of the morphia would pass off, the pupils would again dilate, and on giving the morph. again, as it assumed control of the situation, the pupils would contract, thus showing the antagonism between Belladonna and Opium.

CASE—BY DR. C. M. LEE.

Being called July 8, 1873, to see Mr. J. S., aged 60 years, I found him much emaciated, troubled with hæmatemesis, and complaining of gastric pain, the stomach rejecting almost everything as soon as swallowed.

I prescribed Aqua Creasota and Bis. Sub. Nit., but with little benefit, and the various remedies used during the two weeks that life lasted, produced but little effect. An autopsy being granted, the following conditions were found: Stomach largely denuded of its mucous coat, especially near the pylorus and greater curvature. Heart somewhat enlarged, with a tendency to valvular ossification. Lungs partially hepatized, the result of an old inflammation, the unhepatized portion being the seat of tuberculous deposits, The mesentery was largely filled with tubercles of various sizes. The other organs do not demand special notice. The main points of interest in this case arise from the previous habits of the individual. Having familiarized himself with the various articles of the Materia Medica, he has for the last twenty years or longer been trying their effects upon himself, especially those said to be alternative in nature. Pot. Iodid., Sarsaparilla, Rumex, the Chloride and Chlorites, in fact, the whole category recommended were given a trial not of a few doses only, but persisted in to such an extent, that at times there was extreme emaciation and prostration. And yet we find the very

troubles largely developed that we would expect these medicines to eradicate—tuberculization of the lungs and mesentery, scrofulitic affections of the ears, to such an extent that audition was quite difficult; and had life been of a little longer duration, sight must also have been seriously interfered with from the same cause.

CASE-(1ST.) HEART DISEASE.

BY DR. C. W. LARISON.

J. M., a boy, aged about three years, died on the 25th of February, 1874, somewhat mysteriously. From birth till about the age of two years, he was known as a fat, heavy child, of rather irritable disposition, and in the habit of taking rather too frequently large doses of Tr. Opii. His bowels were quite irregular, either too much constipated or too much inclined to diarrhea. At the age of two years he was prostrated with enteritis. From this he suffered severely about four weeks. During this time there was much tympanitis, and very great tenderness, especially in the region of the ileo-cecal valve. Although the tenderness left his bowels in due course of time, they yet remained rather distended.

During the months of January and February of this year, it was noticed that he became tired upon slight exertion, yet his parents did not feel alarmed. Upon ascending a stairs he complained of a sensation of choking. On the morning of the 25th of February he seemed about as well as usual, except a slight cold. At 12 M., while sitting upon his father's lap, he attracted the attention of those present by a strange movement which resembled that of choking. But the paroxysm was momentary—instantly he was dead. Dr. Lee saw the body about 15 minutes after the paroxysm. He suspected that death had resulted from some trouble of the heart. A post mortem examination of the body revealed that upon the superior surface of the tricuspid valve were two ulcers, circular in form and having a diameter of about two lines each. The heart was very much enlarged, and full of blood on the arterial side, but flaccid on the venous side. The mitral valve was torn from the free margin to the walls of the heart.

From this circumstance we see why the arterial side of the organ should have remained full; also why death should have taken place so suddenly.

Dissection of the bowels revealed that the ileum had been at some time the seat of violent inflammatory action, and extensive ulceration.

From the ileo-cecal valve upward for the space of several feet were numerous large cicatrices, some of which measured two and a half inches in length by one inch in breadth.

The liver was somewhat enlarged and the left lobe appeared to have been the seat of chronic inflammation. The kidneys were slightly enlarged, but seemed of healthy texture.

The bladder was normal and full.

The lungs were normal, as were also the stomach, the pancreas and the spleen.

CASE 2D-Poisoning BY Aconits.

Miss S. A. P., student, aged 16 years, began to suffer from cephalalgia during the month of September, 1873.

The progress of the ailment steadily increased, until early in December she was obliged to give up study, and about three weeks later the derangement of the nervous system was so great that she had sometimes as many as twenty spasms a day, and was entirely confined to her bed. About this time she also began to suffer from facial neuralgia, and an excessive sensitiveness of the skin, so much so that any kind of counter-irritants were intolerable. I had given her the Bromides in all their forms; Opium in every form possible; Belladonna externally and internally; Hyoscyamus, Chloral Hydrate, Chloroform, Ether, in fact, went the whole rounds of the Materia Medica, so far as medicines are adapted to the treatment of this ailment in medicinal doses, and she grew no better, but rather worse. She often took 15 grains of Lobelia every hour until she had repeated the dose five and six times, with no indication of nausea, and only a temporary relief from pain. The excessive sensibility of the cuticle suggested to me the use of Aconite. Accordingly, about the 13th of January I advised her to take 5 drops of the Tincture Aconite every four hours. Twelve hours later I saw her; she seemed to have derived no benefit from the drug, nor had it produced upon her any of the peculiar effects of the remedy.

I advised the medicine to be given in larger doses, and by the end of two days she was taking 12 drops every four hours, with the effect of lessening

slightly the pain in the head and the sensibility of the skin. The dose was increased from time to time, until on the 25th of January she was taking 15 drops of the remedy every four hours. About 2 o'clock P. M. of the 25th she took a dose of the medicine, and as there was a little more than usual headache, for the time I concluded to apply a few drops externally. There were a few small patches upon the scalp over the frontal bone, somewhat ulcerated, but not so much so as to attract my attention. At half-past ten, in attempting to pour a few drops of the above named tincture upon the scalp, by some mishap I spilled the article upon her head in the region of these ulcers. The amount spilled I do not think amounted to one drachm, but in a half an hour she was entirely insensible, and in half an hour more there was an entire loss of vision, and great impairment of hearing. bore pinching and pricking with a pin until the blood oozed out, without showing any signs of pain, and an arm lifted from the bed fell when let go, as if she had taken chloroform to complete anæsthesia. was almost impossible, and conversation entirely so. But there was no nausea, so far as could be ascertained, nor any tendency to diarrhoea. The pupils at first were contracted, but at the end of an hour they were enormously dilated, and remained so for 12 hours. There was a free flow of urine and the secretions generally, especially the lachrymal were more than ordinarily active. The respiration sank at one time, at the end of three hours from the time of the accident, to 10 in a minate. The pulses ran slowly and at times so feebly that it was difficult to tell whether the heart was acting at all. The most fearful period was at 8 o'clock, six hours from the time she took the last dose of medicine. From this hour there was slight indication of improvement, which steadily increased until at 12 o'clock she began to dose. At four in the morning she asked for something to eat, and could converse a little. At six she was helped up to urinate, but fainted in the act; at 12 o'clock of the 26th she was quite cheerful. The pupils now were assuming their natural size and the patient was considered out of danger.

At this time she said she had no pain in the head or face, nor has she been troubled therewith since. Her convalescence was rapid and I am inclined to look upon the accident as altogether favorable to the patient, although for the time it made sorry hours for the practitioner; nor can I look back upon the 25th of January, 1874, but that a feeling of ineffable horror comes over me yet, nor can I hear the word Aconite pronounced, but that all the scenes of that night loom up before me like a spectre in a dream.

The treatment of this case consisted of entire quietude, free ventilation,

the external and internal use of alcohol and coffee, and strychnia. Before deglutition was completely impossible, I got one-half pint of a strong infusion of coffee into the stomach and about a half-ounce of whiskey.

After this for 12 hours we were obliged to trust to external applications, which consisted of lotions of the infusion of coffee and whiskey over the abdomen, which seemed to be of decided advantage. As soon as she was able to swallow I gave her 1-30 of a grain of strychnia, which seemed to be of marked benefit. This was repeated in three hours, and afterwards every six hours for some days.

I think in this case coffee and whiskey saved the day; but had I to go through with the like again I would try, in addition to these, to get a little strychnia into the stomach as soon as possible.

The great change brought about in the nervous system by this exhibition of Aconite, leads me to believe that in cases of extreme pain, large doses of this article will oftentimes accomplish what we desire when all else has failed.

COMMUNICATION BY GRO. H. LARISON.

From May till September of 1873, the usual diseases of this locality were an average of other years. Pneumonia, Rheumatism, Neuralgia, Diarrhœa, with the subsidence of scarlatina, that had prevailed for months previous, were the more prominent forms of disease, while the autumnal months showed more of a malarial bearing. More cases of fever than the average were treated, of a bilious remittent, and intermittent form, which yielded readily to anti-periodic and tonic treatment. Dysentery, that for years past had seldom appeared, attacked both children and adults, and yielded best to Hyd. Cum Creta, Opium, and Ipecac. Epidemic Meningitis, which had been appearing for a few years past in isolated cases, now became more frequent in the form of the following described case for illustration: A little girl aged six years, full habits, was severely attacked with a mild fever and vomiting, prostration, semi-conscious; disposed to sleep; pupil of the eye dilated, with a tendency to coldness of the extremities. At the end of the second day the head was thrown backwards at an angle of 90°, and so remained for the next three weeks, when it gradually yielded. The pulse ranged from 80 to 110 per minute, skin not much warmer than natural, and some rigid-

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ity with the muscles of the extremities. The tongue presented that of the typhoid state. It was at first moist, then coated with a mucous secretion, then red and skinny; loss of appetite, with no disposition to drink to excess; constipation yielding readily to cathartics. The treatment was purgation by Hyd. Chlor. Mit. in full doses for the first four days, with leeches over the occipital region and blisters over the upper portion of the spine. Tonics were used in the form of quinine, iron and strychnia, and with supporting diet. Convalescence was determined upon in the fourth week, but the case required tonic treatment with rigidity till the end of the sixth week, when it improved rapidly, leaving no symptoms of a prolonged and severe attack.

The winter months, like the two former years, have been marked with the continuous call for treatment of numerous cases of Scarlatina, which has continued till the present. In midwinter it showed marked symptoms of the malignant form, and many fell victims to it from 24 to 100 hours from the attack, which was ushered in by vomiting, delirium, and prostration. The throats in all cases were affected at the onset. As spring appeared it declined to the anginose form, with very few cases of the simple. In the population of this city, New Hope, Pa., on the opposite bank of the river, and our surroundings, embracing about 12,000, there have been more than 500 cases since the first of November, with about 40 deaths, and it has not been confined to any locality on this field. A marked feature worthy of note was that it seemed to be rather non-contagious. It was principally confined to both sexes alike, from two to eight years old.

Pneumonia, since January commenced, has again appeared, and still continues with moderation in children, while a few adult cases of a typhoid cast died suddenly.

Erysipelas in all its forms was treated during the winter months, and slowly yielded, nearly all the cases recovering. Peritonitis has in some cases been stubborn, yet the general termination has been favorable. Isolated cases of many forms of disease have been treated here during the year, showing withal a tendency more than usual to blood-poisoning, the causes of the many ills we are called to treat, with the common symptoms of glandular torpidity and nerve forces depressed.

The mortality for the year here is below the average, while the amount of disease we are called to treat is far above it. To close the year, measles are new sweeping the vacuum since 1863, when few escaped.

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METEOROLOGICAL OBSERVATIONS BY GEO. H. LARISON, LAMBERTVILLE, N. J. FOR 1878.

1873.	Mean Temperature.	Rainfall, Inches.	Depth of Snow, In.	Days	No. of Days Cloudy.
January	26.10 °	5.50	13.50	13	18
February	28.84 0	4.85	20.75	16	12
March		8.00	4.75	20	11
April	48.73 0	5.32		15	15
May	61.68 0	4.55		19	12
June	71.06 0	1.68	l	20	10
July		5.93		22	9
August	72.45 0	9.07		15	16
September	63.70 ≎	5.61		18	12
October	51.56 0	7.19		20	11
November		4.79		18	12
December	86.46 ≎	1.95	4.75	14	17
Mean	50.58 °	59.44	43.75	210	155

Observations were made at 7 o'clock A. M., 2 P. M., and 9 P. M. of each day. For clear and cloudy days the average was given to the day that sunlight or clouds had the major portion of time.

MERCER COUNTY.

To Chairman of Standing Committee, &c.:

Your reporter regrets that his report must, to an extent, be limited to the city of Trenton, as the Mercer County Medical Society is almost entirely confined in its membership and interest to the limits of this city.

Whooping cough, mumps, scarlet fever and measles have prevailed in an epidemic form during the year. In the month of November, the State Normal and Model Schools were closed on account of the prevalence of scarlet fever. Whooping cough was the epidemic of the summer, mumps of the fall, and measles of the winter months; although these diseases have been distributed through the other seasons of

the year. Sporadic cases of diphtheria have occurred, and the closeness of the relationship between diphtheria and membranous croup has been a subject of discussion in our Medical Society. A case observed by Dr. Ribble will illustrate: A child six or seven years old had diphtheria, the deposit first appearing on the tonsils; the membrane disappeared entirely from these parts, and the case became one of laryngeal diphtheria. Any one seeing the patient at this later stage only, would have pronounced it a case of membranous croup; and the question presents itself whether there is any manifest difference between the false membrane of diphtheria and that of croup. The exceedingly hot weather of July and August proved very fatal to young children. In many cases, sick stomach and diarrhea were succeeded by collapse and death in a few hours. A number of cases of erysipelas have been observed during the winter and spring months. Your reporter had under his care a case of severe trifacial neuralgia, succeeded by and complicated with eryispelas, which was limited to the parts affected by the neuralgic seizure. changes which neuralgia effects in the nutrition of tissues, are often positive. Herpes attends pretty nearly all forms of neuralgia; and inflammation of the eye, in some cases, iritis results from severe and long continued trigeminal neuralgia.

Trenton is largely engaged in the manufacture of pottery ware, and the nature of their employment produces certain forms of disease in the operatives in these works. Lead enters largely into the glaze upon the ware, and cases of lead poisoning are not infrequent. It is really pityful to see children of tender years suffering the agony of lead colic. A peculiar form of pulmonary disease, known as potters' asthma and potters' consumption, is caused by inhaling the small particles of clay, quartz, plaster of paris, and other articles, which float in a pottery atmosphere. Chronic bronchitis, emphysema, dilated bronchi, consolidation, and destruction of lung tissue result.

Post mortem examinations show cavities of various sizes in the lungs, and obliteration of the ultimate vesicular structure of the lungs.

The undertakers report 900 deaths during the year; our State law for the registry of deaths being utterly valueless. Estimating the population in and around Trenton at 30,000, our annual death rate is 30 per 1,000 living, which is double the rate for healthy districts, and rivals that of the most unhealthy cities. The natural drainage of the city is obstructed, and no artificial drains have been constructed. The low and wet grounds have been filled in with street scrapings, ashes and other refuse, and houses built in these situations, with the most reckless disregard for the health and welfare of those who are to live in them. In a portion of our city, a wet clay sub-soil would render drainage imperative, if health or human life was believed to have any commercial value.

On the 6th of January, James A. Grant, a resident of Greensburg, in this county, died suddenly from a poisonous dose of cyanide of potassium. The coroner's jury, after a careful investigation and an examination into all other possible means of obtaining the drug, came to the conclusion that a druggist had sold cyanide in mistake for iodide of potassium. Prof. Rogers, of Philadelphia, who made an examination of the contents of the bottle of medicine and of the stomach of the deceased, reported that he found in both, iodide as well as cyanide of potassium. The case is a curious and interesting one, but probably there will be no further light thrown upon it.

In the State Prison, consumption continues to be the prevailing disease. Confinement, with absence of sunlight and fresh air, mental depression, and a damp atmosphere, are very effectual in producing this disease. The blacks, especially, suffer; and in this race, acute consumption, running its course in a few weeks, is by no means uncommon. One convict, during the year, committed suicide by severing with a knife the left superior thyroid artery, which in his case was given off from the common carotid. Another died suddenly in the shoe shop, from rupture of an aortic aneurism. The aneurism was of small size, immediately beyond the aortic valves, and the rupture was into the pericardial cavity through a very minute opening.

Dr. Deshler, of Hightstown, writes that the healthfulness of that community, during the past year, has been remarkable, and since the closure of all drinking bars in the town, positively alarming. Mumps has been their only epidemic.

Chloral is used largely by our physicians, but not so indiscriminately as when it was first introduced. It was used to some extent in our epidemic of whooping cough. Patients in a certain stage of excitement from drink, are more benefitted by chloral than by any other treatment. In some cases chloral disappoints and causes excitement, instead of producing sleep. Dr. Ward, of the Asylum, reports that for them it is invaluable, and that it may be continued for months as a sleep-producing agent, without injury to the health and without producing a habit as opium does.

Practically, morphia is the only drug for hypodermic injection, and any one who has seen the instantaneous and complete relief of the most severe pain which hypodermic morphia effects, cannot doubt that it is one of the most valuable of our theraputic resources. Its value in cases of mania can not be over-stated; and it may be said, that the introduction of bromide of potassium, chloral, and hypodermic morphia, marks an era in practical medicine.

You ask, "Do the prescriptions of physicans contribute to make drunkards?" Most decidedly, no! This charge is made for the most part by two classes of people—those most intemperate men, who are seeking to make all men sober by legislative enactment; and those cowardly drunkards who,

with the spirit of the first man—Adam—are seeking an excuse for their own weakness and crime. No class of men see more of the physical and moral evils of drunkenness than physicians, and it is especially demanded of them to further temperance reform in all reasonable ways, and so manifest, at all times, an "intelligent and consistent temperance."

J. L. BODINE, Reporter.

MIDDLESEX COUNTY.

To Chairman of the Standing Committee, &c.:

The diseases prevalent throughout this county during the past year have, for the most part, been those incident to season and climate. The early part of the year was not marked by any epidemic. Rubeola has prevailed to an unusual extent during the latter part of the year, and has been in many cases severe in character; lesions of the lungs have frequently followed the attacks, while the bronchi were, in the great majority of cases, much affected.

While the epidemic has been severe among quite a large number of adults, it has been milder and easily managed among the children, very few deaths having occurred. Next to rubeola, remittent and intermittent fevers have, in some parts of the county, presented the nearest approach to anything like an epidemic. These fevers have prevailed more extensively in the eastern portion of our county, although not as extensively as in some previous years. In this city we have had less of these fevers than during the previous year when it abounded, and was, undoubtedly, consequent upon the upturning of earth for sewerage purposes. The decrease, we think, shows that the producing poison was developed by bringing to the surface organic matters which were otherwise

innoxious, and which, by exposure, soon lose their power. Many other forms of disease have assumed a periodic character, especially rheumatic and neuralgic affections, in which quinine, either alone or in combination, has been of decided benefit. Scarlatina, while it has occurred in various parts of the county, has not prevailed as an epidemic, and has presented no malignant characters.

During the winter months an abundance of pneumonia was noticed, proving quite fatal with the aged, but tractable in the middle-aged and young.

A number of cases of catarrhal pneumonia, also of pleurisy and pleuro-pneumonia, have been met with, resulting favorably. The mild and humid winter developed numerous cases of tonsilitis and bronchitis. Typhoid fever has not prevailed to any extent, nor has it been of a severe type.

Cholera infantum was quite prevalent last summer, especially in this city; many cases resisting every kind of treatment. Many lives were undoubtedly saved by removal to the sea shore or country, and especially to mountain regions. In some of these cases, where prognosis was considered unfavorable, even with the benefits of change of locality, marked improvement of all the symptoms has followed in twenty-four hours.

Sporadic cases of erysipelas have come under observation; it has, in every instance, yielded to tonic and proper nutritious diet; especially has quinine been found to be of great efficacy.

Diphtheria has not frequently appeared, and the cases have been mild and tractable.

At a recent meeting of our District Society, Dr. Baldwin referred to a case, in his obstetric practice, of presentation of the child's liver and intestines, which were both extra-abdominal. The arm was felt above, making version necessary. The difficulties of passing the loops of the intestines, and an hour glass contraction of the uterus, in order to seize the feet,

as the doctor says, "may be easily imagined." He also mentions two cases of partial implantation of the placenta over the os; these cases terminated favorably. Dr. Morrogh reports a case of transplantation of skin on a patient who had a very extensive burn of the leg, destroying the skin over the greater portion. The case promises entire success.

During the past year a hospital has been established in this city, bearing the name of "St. Peter's Hospital," which has enabled many deserving poor persons to receive medical and surgical treatment, gratis. Eight members of our District Society, resident in this city, constitute "The Board of Medical Officers and Surgeons."

During the year we have lost one of the oldest and ablest members of our society, Dr. Chas. McKnight Smith, of Perth Amboy. At a recent meeting, the members of our Society expressed their appreciation of his eminent ability in the profession, and his worth as a man.

I am indebted to Dr. S. V. D. Clark, of Perth Amboy, for a biographical notice of Dr. Smith, which I enclose.

I also enclose an interesting paper received from Dr. Treganowan, of South Amboy.

DAVID C. ENGLISH, Reporter.

NEW BRUNSWICK, May 13, 1874.

GANGRENE OF THE CAROTID ARTERY FROM TONSILITIS.

BY DR. A. TREGANOWAN, SOUTH AMBOY.

The following case is a very rare and unusual sequence of an ordinarily considered trivial affection—tonsilitis, eventuating in gangrene of the carotid artery.

A bout seven months ago, Mr. M., a young gentleman about twenty years of age, and a second course student at the Bellevue Medical College, short, stout, with light complexion and blue eyes, came to my office one night,

about midnight, saying he had swallowed a pin, or some other sharp thing, and it was sticking in his throat, and was evidently suffering great mental agony as well as considerable physical inconvenience. Examining his throat, no foreign substance could be seen or felt, but there were evidences of approaching severe acute tonsilitis, which warranted me in telling him that the probability was that he would suffer from extensive ulceration and subsequent sloughing of the soft parts in the neighborhood. I saw no more of the case for at least six or seven weeks, when I met him one day in the street, all muffled up about the neck and mouth, and he told me that he had been suffering all the consequences of my diagnosis. He was then under the treatment of one of the physicians of the town, but had previously consulted Dr. Markoe, of New York, who pronounced his case one of acute tonsilitis; but he was persistent in his idea that the whole trouble proceeded from the presence of some foreign body imbedded in the parts.

I saw no more of him for several weeks, until several persons, in quick succession, came to my office, requesting my immediate attention upon him, who, they said, was bleeding to death from the mouth and nose. They had sent for his attending physician, but feared that he would bleed to death before he got there. Arriving at the house, I found him lying on his right side, the blood streaming from his mouth and nostrils, and pale and pulseless. With the little strength that remained, he pointed to the left side of his neck, where I saw a considerable swelling, reaching from the mastoid process of the temporal behind the ear down to the thyroid cartilage, and presented the appearance of an exaggerated case of mumps. He had then bled about eighty ounces, and blood was still passively flowing from the mouth. Upon cleansing the mouth of coagula, I discovered that the flow was of a wave-like or per saltum, in character, and decidedly arterial in color. His tongue was immediately protruded with the forceps, and persulphate of iron applied as freely as circumstances would permit, without producing suffocation from the formation of clot, and an ice bag applied to the external swelling; also fluid extract of ergot was injected hypodermically on several parts of the arms and legs, and an ounce thrown into the rectum. The bleeding was now very inconsiderable, simply because there was no heart force, and I adjudged the patient to be in articulo mortis, and so informed his friends.

About this time the attending physician arrived, and a complete history of the case was obtained.

He had suffered from extensive ulceration of the fauces, particularly the left tonsil, affecting the whole glandular structures of the neck, but com-

plained especially of a piercing pain in the region of the parotid gland; had been steadily running down from the pressure of an insidious irritative fever; towards the last positively refusing to take nourishment, believing the effort at deglutition would strangle him; the breath was loaded with an intelerable feetid odor, with slight cough. The doctor, in examining the throat a few days before, discovered a dark patch in the left side a little above the glottis; could not hold the parts in position long enough to decide its true character and extent.

We now left the patient, with instructions that if he should rally to give him a little brandy and water if he was at all able to swallow. We saw him again in five hours after, and found him sufficiently rallied to answer questions, with scarcely a trace of bleeding. We now left, with instructions that they should send for me if there was a recurrence of the hemorrhage. In one hour after this I was sent for in haste, the bleeding having returned, and before I reached the house he was dead.

Autopsy. Twenty-four hours after death, a post-mortem examination of the body was made in order to settle the point as to whether he had or not swallowed something which caused the trouble, or what was the immediate cause of death.

A circular incision was made, beginning at the back part of the neck, cutting down over the humeral third of the clavicles, the lower part of the circle embracing about two inches below the sterno-clavicular articulation and the cellular tissue and facia carefully dissected up to the submaxillary bone, and the flap thrown up over the face; the friends being anxious that no disfiguration of the body should result from the operation.

To minutely particularize the various steps of the dissection would not only occupy too much space, but is unnecessary; suffice it to say, therefore, that a most careful and thorough examination was made, establishing the following condition of things as the positive cause of hemorrhage: All the glandular structures on that side of the neck were more or less enlarged, the submaxillary to about one-third of its normal size, and altered to a blue tings in color; the parotid was so much enlarged as to give rise to the external swelling. When the posterior part of this gland was dissected up, it proved to be nothing more nor less than a large sac containing coagula; its entire body was completely putrid, and gave out a most foul, gangrenous stench. This condition of things had communicated itself to much of the parts below the gland, involving the external carotid artery, which had suffered gangrenous softening nearly its entire circumference, and had given way, satisfactorily accounting for the hemorrhage. From this gland, also, to a

point immediately behind the left tonsil, and another just above the rima glottidis, were two gangrenous fistuls—the lower one admitting the passage of the finger, through which the blood found exit into the throat, and through which the foul odor was communicated to the patient's breath while living. This young gentleman had been reading medicine for five years, and it was his intention to have practiced his profession in this county. He was a young man of superior attainments, and I exceedingly regret the non-recognition of the nature of his malady, as, perhaps, by operative procedure he might have been relieved.

MONMOUTH COUNTY.

To Chairman of Standing Committee, &c.:

I gladly preface this report by expressing my sincere thanks to my medical brethren in other parts of the district for their prompt replies to my urgent and almost impertinent appeal for help, to enable me to give an account of the health of the county; but this I cannot truthfully do. Some have replied with a unanimity a little surprising, "Nothing of interest;" while most have made the same report by not replying.

If in this county there was kept, as there certainly should be, a thorough system of registry of births and deaths, I would in this emergency gladly avail myself of it, as furnishing some reliable data for giving you a sensible and comprehensive report, instead of repeating those words of indifference or sloth, "Nothing of interest."

God pity the medical practitioner, or rather his patients, who in the course of a year does not have one case of interest.

The sanitary condition of this part of the county, as far as my observation goes, has been varied, and each season predisposed to its usual class of diseases.

In the spring and summer months, *Pertussis* prevailed extensively in this community, and was of an unusually

severe and obstinate character. One of the peculiarities of this epidemic was the number of adults who suffered, many of whom were confident of having it in their childhood. Bronchitis, disordered bowels and convulsions were frequent complications in children, many under two years of age dying.

The usual remedies and spinal applications were employed, but my confidence clung to castanea vesca, given in decoction, or as fluid ext.

During the summer months, Cholera Infantum and dysenteric troubles were not of the severe type they have been in other seasons, and yielded for the most part readily to appropriate remedies.

During the fall months intermittent, remittent and typhomalarial fevers were quite frequent; in treatment of which I substituted cincho-quinine, as prepared by Dr. Nichols, of Boston, in place of quinia-sulph., with the most satisfactory results, exerting, as it did, every therapeutic effect reputed to quinine. Its palatableness and cheapness prompted me to give it a trial, with the result as above stated.

With the winter months came an epidemic of Diphtheria of the most malignant and fatal character, the stealthy foe hanging around until spring, evidently anxious to win new triumphs. One family lost all their children, save one that was born as the last of three expired. This waif escaped, which would seem to prove that Bretoneau was correct in his observation that one cannot contract it unless the diphtheritic secretion is brought in contact with a mucous membrane or abraded surface. I noticed though that during its prevalence in some families, every one of the adult members had a sore throat, and I was obliged to keep my bed several days from a general inflammation of the throat that started as simple tonsilitis, spreading to posterior nares and pharynx, rendering deglutition very painful, &c., &c., and yet the highly in-

flamed parts showed no tendency to form a membrane, but rather ulceration, and was attended with unusual prostration.

Some of the children that recovered had paralysis of the muscles of the fauces, pharynx and extremities, others impaired vision, strabismus and marked anæmia, and one sequel was a well-defined case of albuminuria, which made a tardy convalescence. Two cases that had fallen into the typhoid condition had prolonged and almost incontrollable epistaxis, which was checked by the use of a nebulizer throwing a spray of Liq. Ferri Per Sulphatis 1 part, Glycerin. 3 parts, through a tin funnel into the nares; an expedient that came to me in the terrible emergency in which I was placed, and arrested at once the hemorrhage by its direct and simple application to the spongy granulations, and, as I believe, prevented the absorption of poisonous matter from the putrid sloughs in the nares and pharynx.

I submit this as a simple but efficient remedy at such a crisis.

Pure air, Quinine, Potas. Chlr., tr. Ferri. Chlr., beef tea and stimulants were given from the outset. Medicated inhalations were used, and warm external applications applied with some, but finally discarded. I may add here, the homeopathic treatment of this disease in this vicinity was no more successful than my own, despite specifics; had it been, I would have adopted the system or fought with any weapon to vanquish the conqueror.

This spring there has been a tidal wave of *Measles*; all the cases floating on the crest without one alarming cry for help. An epidemic of not much interest or profit to the physician, unless its complications prove annoying or serious, which in this vicinity they have not this year.

Of the meteorological status of this climate during March and April, I cannot conscientiously speak a word of praise. I have asked the oldest inhabitant, nearly five-score years;

he only shook his head and said "terrible." I cannot remember a more trying spring, caused by its variableness of temperature, severity of cold and recurring humidity; of course, such weather has produced catarrhal troubles, pleurisy, pneumonia, rheumatic affections, and prostrated phthisical patients.

- Dr. R. Laird, of Squan Village, writes me: "I have not used the *Hydrate Chloral* near as much the last year as formerly, perhaps not having the cases calling for its use. In a few cases of epilepsy, I have found happy results from it.
- "As to the use of Hypodermic Syringe in acute cases where anodynes are called for, I have found immediate relief.
- "In a case of exfoliation of the *Femur*, with excruciating pains, the only mode of relief is by injection.

Scarlatina has prevailed in this section for the last 6 months, mild form. In an adjoining neighborhood it assumed the malignant form, with a few fatal results. Dr. Jos. B. Goodenough, of Turkey, says: The summer and fall months have been remarkable for their healthfulness. The winter and early spring brought a few cases of rheumatism and pneumonia; also a few cases of scarlatina, of a mild type, made their appearance. These latter cases were treated mainly with the chlorine mixture, Tr. Ferri Chlor., Potas. Chlor. and Quinine, where debility was marked. Several of these cases were followed by anasarca and at the same time by considerable enlargement of the parotid and submaxillary glands, with great stiffness of the neck. Vomiting was very troublesome in sev-In the dropsical condition I obtained the most satisfactory results from cathartics of Elaterium and Potass. Bi-Tart. in small and frequently repeated doses, until they acted freely; warm poultices and fomentations over the region of the kidneys; the warm bath, and, after the abatement of fever, the Tart. Ferri et Potas, three times a day, as a tonic and mild diuretic.

A lotion composed of Belladonna, Laudanum and Tr. Camphor, used freely with poultices of hops and bran seemed, to have a decided effect in relieving the pain, stiffness and swelling of the neck and throat.

The pneumonia cases were treated uniformly with the Carb. Ammonia, in five to eight grain doses every two hours, and quinine in small doses where much debility was manifest. A cathartic of Hydrarg. Chlorid. Mite and Pv. Rhei was prescribed at the outset in cases where the symptoms indicated it. Poultices were constantly employed, and occasionally blisters, where the pain continued long and severe.

There was a sequel to one of these cases which seems to me somewhat anomalous. The patient, a farmer, aged 60, of good constitution and habits, was taken sick on the 30th of January last; was called the next day and found him suffering from an attack of pneumonia, which quickly assumed the typhoid form. At the end of three weeks from the beginning of his last sickness, while rapidly convalescing, he complained of a swelling and soreness in the left groin. Very soon the foot on the corresponding side began to swell the œdema, continuing until the whole limb became enormously enlarged. There was no actual pain in the limb at any time; nothing more than a sense of aching in the groins and along the inner aspect of the thigh was complained of. The treatment consisted mainly of rest, proper attention to the state of the bowels, fomentations and lotions of Camph., Laud. and Iodine to the glandular enlargement; Iod. Potas. internally, and subsequent bandages to the limb. The patient has improved greatly in all respects. Still there is some enlargement of the limb, with slight ædema. What else than a subscute form of Phlebitis, causing an obstruction to the free return of blood to the veins could have been the pathological condition?

Dr. P. B. Pumyea, of Imlaystown, reports:

"During the summer, diarrheal diseases were mild and infrequent, especially among children. With the approach of autumn, remittent and typhoid fevers (the latter a comparatively rare disease in this section) appeared. The diarrhea of Typhoid was easily controlled by injections of starch and opium.

This winter, Rubeola in an uncomplicated form, spread until every one in this community susceptible to the disease was attacked, unless special precautions were taken to obviate the contagion. Pulv. Ipecac et Op. I found very efficacious in in producing diaphoresis, promoting the eruption and checking the diarrhœa. Pneumonia has been infrequent among adults; but it and capillary bronchitis have attacked children frequently and severely, and still continue to prevail. You particularly request my observation upon the use of Chloral and Hypodermic Injections. Chloral I have used with satisfaction and success in insomnia, hysteria and other nervous disorders. Its usefulness and efficiency will doubtless be increased by investigation.

As a remedy of signal service in the vomiting of pregnancy, I have used lately Ipecac, administered as recommended by Ringer in his Therapeutics.

In reply to your inquiry on the use of the Hypodermic Syringe, Dr. McLean Forman, of Freehold, sends an interesting article, which, with other communications, is appended to this report.

S. H. HUNT, Reporter.

Hypodermic Injections.

BY D. M'LEAN FORMAN, M. D.

My experience in the use of hypodermic injections has, during the past seven years, been quite extensive. While an interne in Bellevue and St. Luke's Hospitals, I seldom made my evening visit to my wards without a

hypodermic syringe in my pocket; and as, in all large hospitals, there are a certain number of patients suffering from incurable and painful diseases, the syringe was often called into service to afford them temporary relief from their sufferings. For this class of patients, I believe the hypodermic injection of morphine affords greater relief from pain than can be obtained in any other way; and, in my experience, when thus administered, it is much less likely to produce the unpleasant remote effects, such as nausea, vomiting and constipation, which so often attends the administration of the drug by the mouth.

For the relief of acute pain, I have used it in many instances. In cases of renal and biliary calculi, during the passage of the stone, it has afforded speedy and marked relief from pain.

In intercostal neuralgia, and in the pleuritic pains so common in the advance stages of phthisis, a few drops of morphine injected at the seat of pain, affords marked relief.

In other forms of neuralgia, its administration for temporary relief has been attended by success.

In every civilized community there are a certain number of females who suffer from what may be termed malignant hysteria. In these patients there is no end to their aches and pains, and no region of the body that is exempt from them. In these cases, if after having exhausted the materia medica without affording them relief from their sufferings, the physican as a last resort makes use of the hypodermic syringe, he will be surprised to find what speedy relief he gives them; but he need not be surprised when in a few days he is again sent for to repeat the operation. The patient has at last found something that will remove her pains, and at the same time produce a pleasant intoxication, and if she does not remove out of the reach of the doctor, her attacks will be so frequent, and her importunities for the use of the syringe so urgent, as to make him regret the invention of the instrument.

In cases of sciatica, its use has been attended by marked success. A single injection along the course of the nerve will often give the patient a comfortable night, and thus, by preventing the exhaustion induced by constant suffering, will greatly expedite recovery.

In cholera and cholera mobus, where the stomach is so irritable as to reject everything taken into it, the vomiting and cramps have in many instances been promptly checked by a single injection of morphine.

In a case of convulsions occurring in a patient who had been a long time sick with cerebro-spinal *meningitis*, the injection of morphine seemed to be of service; also in a case I saw of Dr. Vought's, in which the patient had from

a dozen to twenty convulsions daily, depending upon an affection of the spinal cord, an injection of morphine, night and morning, reduced the number of convulsions to one or two, daily. Each time the morphine was omitted, the convulsions increased in frequency.

In several cases of traumatic tetanus, the hypodermic injection diminished the number of convulsions, though the patient ultimately died of that disease.

In three cases of *puerperal convulsions*, the hypodermic injection of morphine was used. In two of these cases there were no convulsions after the injection was given, but as venesection was also employed immediately before the injection, we can not say how much was due to its influence. The other case was not benefited by them, the patient continuing to have convulsions until she died.

In two cases of flooding, one ante-partum, one post-partum, large injections of morphine were administered. The stimulating effect of the drug, when given in large doses, was immediate and very marked.

In using morphine for hypodermic injection, I always use what is known as Magendie's Solution.

For the relief of moderate pains, I rarely administer more than five minims of the solution.

For severe pain or convulsions, I give from fifteen to twenty minims; also about twenty minims after severe hemorrhage,

The point at which the injection is made, (except in cases of sciatica,) I think, makes but little difference. One patient suffering from elephantiasis of the leg, in about a year and a half received nearly one thousand injections in various portions of her cellular tissue. Cases requiring frequent injections are likely to be troubled with abscesses, if contiguous parts are too frequently injected. Abscesses occasionally follow a single injection. Thinking perhaps this might be due to the irritation produced by a fungus which developes in the solution of morphine after it has stood a few weeks, about a year ago I added a grain of carbolic acid to each ounce of the solution. This prevents the growth of the fungus, and the solution remains clear indefinitely. Since using this solution I have had no abscesses.

When medicine is used hypodermically, a much smaller quantity is required to produce the physiological effects of the drug, than when administered in other ways. I do not think that morphine when used in this way is as apt to produce nausea, vomiting and constipation, as when given by the mouth. I have several patients who are always sickened by it when given by the mouth; but when given by hypodermic injection, it produces none of these unpleasant effects.

In cases of malarial fever, (intermittent contracted at Panama,) I have used hypodermic injections of quinine in three or four instances. The fever in each case was cured, but very troublesome abscesses occurred at many of the injected points.

In several cases of secondary syphilis, I have used calomel in glycerine as an injection. In these cases nearly every injection was followed by an abscess, and I do not know that this method of treatment possesses any advantage over the one usually adopted.

In three cases of varicose veins of the leg, I have injected a single drop of the liquor ferri persulph. in several of the most prominent points. These operations were entirely successful in curing the disease, and I regard this method as one of the most useful in the treatment of this affection.

ABSCESS OF BRAIN FOLLOWING SUPPURATIVE OTITIS.

BY 8. H. HUNT, M. D.

The rare occurrence of this disease and its marked fatality, baffling all treatment, as well as a desire to contribute to the interest of medical science, leads me to a brief recital of this case.

Mrs. D., aged 35, married. Patient had scarlating when six years old, with none of the sequelæ. When 12 years of age she had scarlatina again; verifying the statement that of all eruptive fevers scarlet fever most frequently affects the system the second time. While convalescing she "caught cold" by wading in a brook. Her ears gathered and discharged, causing some deafness. Since this time she has had suppurative otitis in right ear, occurring at intervals, which of late years has increased in frequency and violence, discharging as often as once a month. Her general health has been poor. She complains of feeling languid and weak, of queer sensations in the head "as if there was a bladder of water on her brain," to use her own expressive language. She had frequent headaches, which at times were of the most intense character. She was pale, nervous, anæmic and emaciated: yet able to attend to her household duties. On Saturday, December 9th, she was unusually active in duties peculiar to the day, when she was seized with vertigo, and fell, losing consciousness. For the first time I was called to see her and found her with cold extremities, pinched features, lips and face blanched and colorless, pulse 54, soft and weak, and slight emesis. This condition was met by ammonia and stimulants, warm applications to body and extremities, hot pediluvia, &c. Reaction came on slowly, showing much nervous exhaustion. The following day she complained of intense neuralgia in head, limbs, and between the shoulders. Pupils normal in size, contracting readily to light, conjunctiva pale and waxy appearance. Neuralgia continued in paroxysms several days, and of most violent character. Dry cups to temples and counter-irritants employed. Anodynes freely given. Iron and quinine with nutritious diet urged, owing to her marked debility, which continued.

Dec. 14. The right ear discharged a thin purulent and offensive fluid giving but little relief. Pain, shooting like electric flashes, in all parts of the body.

Dec. 17. Apparently convalescing. Taking no anodynes. Tonics continued, &c.

From Dec. 17 to 21. She continued to improve yet evinced much debility. In good spirits, sitting up, talking of going out visiting.

Dec. 22. Called at midnight, in haste, as Mrs. D. was dying. Found her presenting, if possible, an aggravated form of first attack. Bloodless features, pulse small and weak, muscles rigid, mouth opened with difficulty to give stimulants. Treatment same as in first attack. Her husband stated she was attacked while sleeping.

Dec. 23. Reaction having not fully come on, and everything indicating great depression of the vital powers, my friend, Dr. Scrivens, of Long Branch, saw the case with me. She then presented the appearance of a person in collapse from hemmorrhage, eyebrows knit, features contracted, skin cold, pulse weak, 55 and fluttering, neuralgic pains and the most violent cramps in limbs. Sinapisms to extremities, hop poultices, stimulants, anodynes, &c.

Dec. 24. Pulse fuller, 54. Has persistent nausea and retching. Begs for an emetic.

Dec. 25. Is with difficulty kept in bed during paroxysms of pain in right shoulder. No change for better.

Dec. 26. Dr. Scrivens met me again. Catheterized owing to retention. Moans with pain in all parts of the body. Extreme sensitiveness to sounds. Nausea continues. Partial paralysis of muscles left side of mouth. Hæmoptysis of right eye-lid. Great irritability and depression. Bowels moved by medicine given day previous. Counter-irritation to neck and spine, &c., &c.

Dec. 27. Left side paralysed completely, showing the breaking down of brain tissue, reached so far centrally as to involve those bundles of motornerves supplying the affected parts. Strange to say, in the afternoon, she was unusually brilliant and witty, making arrangements for the future, but

all night cried and [moaned for relief. Insisted on getting up, which she did, but sank immediately exhausted on the bed.

Dec. 28. Delirious in the morning. No chill since the attack. Catheterized. Same symptoms as yesterday.

Dec. 29. Keeps right side in constant motion. In paroxysms of pain, her shrieks are heard all over the house. Dimness of vision. Cutaneous hyperæsthesia. Quieted by anodynes. Pulse 100, fluttering like a timid bird. Passed urine freely without aid.

Dec. 30. Pupils dilated; constipated; pulse 112; tongue swollen; unable to swallow; left ear discharging. Generous diet and stimulants. Cit. iron and quin. continued, &c.

Mild delirium, P. M. Night, sleeping soundly.

Dec. 31. Pulse 100; labored breathing; delirium; talked incessantly. Taking nourishment freely, &c.

Jan. 1. Found patient, for first time, with well-defined and heavy chill. Pulse 120. Pain in eyeballs and super-orbital region. Catherterize. In afternoon rational, witty and social.

Jan. 2. Pulse 100. Talked none; insisted on getting up, which she did. Rigidity of muscles on *unaffected side* was noticed. Shrieked loudly when moved; great nervous irritability, &c. Slight discharge from left ear.

Jan. 3. Passed urine, unaided, freely; bowels moved; resting calmly.

Jan. 4. Quiet and talkative, alternately. Moaning all night with pain.

Jan. 4 to 17. She continued fluctuating, now better, now worse, and was no longer under my care during this time. Her friends, thinking something more might be done, she was placed in charge of another physician, he regretting he had not seen the case earlier.

I saw her on the 17th day of January, after a night's raving. She was too weak to talk, and in an apparent moribund condition. I still watched this insidious and intractable disease with unflagging interest.

Jan. 18. Her mind was clear, and she again talkative, suffering from no pain since yesterday; she appeared cheerful. Right eyelid drooped; able to put her paralyzed hand to her head.

From Jan. 19 to Jan. 25. All her symptoms again, as in the earlier stage, seem to grow better, save the paralysis, which continued. Her appetite was good, though there was a heavy cloud resting on her mind and she was very talkative—showing still a lesion of the brain. Her friends hoped for her recovery, and every encouragement was given by the attending physician.

On Thursday night, January 25th, she was taken with a violent convulsion and had several in succession. I saw her on Friday morning.

Jan. 26. Comatose, and she expired at 9 o'clock, just seven weeks from her first attack.

In my own mind the cause of the disease was chronic inflammation of the inner ear, and this disease imparted disease to the dura mater, and this diseased led to softening and deep-seated suppuration. I had ceased to be the attending physician, and no post mortem was held to confirm or disprove what the condition of that brain and the petrous portion of the temporal bone was, which, for over twenty years, had been a smouldering fire, and culminated thus fatally.

EATENTOWN, N. J.

OBSTETRICAL CASE.

BY S. H. HUNT, M. D.

Jan. 3, 1874, was called to see a woman named Mrs. I., who presented every symptom of having a miscarriage at two months. The pains and flow ceased after injections of laudanum and enjoining perfect quiet in bed. The following day pains returned with renewed violence, when another physician was called in, who gave her some warm teas and said she had "caught cold." Did not see her again for three months, when she was under the care of still another physician, who thought her to be in a very critical condition, which was really true, as she had become much emaciated and very weak from loss of blood. She told me the hemorrhage had continued since I first saw her, with only now and then an occasional respite. I found her flowing some and having pains. I was a little in the dark concerning the case, as she did not present the physical signs of a pregnant woman any more than when I saw her last. I thought of polypoid growths, sub-mucous fibrous tumors, &c., &c. On examination, found the uterus "meant business," and would expel something, and thought it might be a mole, as I was unable to determine satisfactorily. But firmly resolved on helping it, I gave ergot fi. ext. 1 dram doses every half hour. In about two hours the smallest living child I have ever seen was expelled, much to the surprise of the woman and her friends. It weighed 12 pounds, and its development seemed perfect. It lived only one day. Was this condition of affairs owing to a partially detached placenta, or "placenta prævia," and would such a condition of things lead to imperfect nutrition of child? I saw this same woman two years previous, about four hours after she had given birth to a large child. She had flooded until there was a pool of blood in the bed and on the

floor, and she seemed approaching rapidly her final dissolution. A retained placenta and an hour-glass contraction of the womb explained all, which I overcame with my hand, not waiting to give a relaxing remedy, and detached the placenta. I was alone with the case, save an infirm old woman, her husband having gone after another neighbor. It was a dark stormy night. By use of stimulants, &c., I saw her gasping more earnestly for breath, and thought if I could latch the door and escape from the terrible surroundings of death and darkness I would ever be grateful, which I did after watching two hours, only to see her again in another freak of nature more interesting to me than before.

COMMUNICATION BY T. J. THOMASON, M. D.

During the past summer and fall, Dysentery and Cholera Morbus in adults prevailed; of the latter trouble an unusual number of cases.

In children, cholera infantum, and the less severe grades of bowel affections, many of which were due to the gross impositions upon the digestive apparatus, through carelessness or ignorance.

In dysentery, since adopting the plan in all cases, (unless too much debilitated, and even in cases which, *Neretofore*, I would have regarded as too much in that condition,) of initiating the treatment by a brisk saline cathartic, Magnesiæ Sulph., preferred; the results have been most gratifying. Opium pills and Aqueous Solution of Opium, with demulcent or astringent injections, as cases demanded, were of course subsequently used.

The use of Bromide of Potassium, in summer complaints of children, without complications, has shown no benefit other than as an antacid, inferior for pleasantness of exhibition to Spts. Ammon. Aromat. or potency to Sodæ Bicarb.

Scarlatina, Measles, Pneumonia and Influenza, were the diseases most prominent during the winter and spring; the former presenting many cases of anginose, but none of a malignant form. Measles were of a mild type, but sequelæ, caused by exposure too soon after subsidence of the eruption, were troublesome, and two cases fatal.

Pneumonia has been more sthenic in character than in former years, and the use of general or local blood-letting, as by cups or leeches, has been attended by results not to be counted upon by the use alone of blisters, Veratrum, Carb. Ammon. Quinia, or an expectant plan adopted and relied upon by some. Influenza, in some cases, assumed symptoms of dysentery, with frequent slimy, bloody discharges, without, however, the severe tormina and tenesmus attendant upon genuine colonitis, leading to the idea that it was nothing but a mutatio loci of the epidemic, congesting capillaries of the intestinal mucous surfaces, instead of nares and fauces.

Veratrum Viride, Chloral, Electricity and Hypodermic Injections, as therapeutic agents, have received each their share of attention, and, as with our whole armamentarium, the more familiar we become with their uses and effects, the more we appreciate their value as remedial agents. The former had a particularly happy effect in a case of congestive fever, with grave head symptoms, pulse 165, in the person of an epileptic. Chloral has been found especially useful as hypnotic in advanced painful malignant diseases, as scirrhous, in fevers, nervous affections, &c. Electricity in spinal hyperæsthesia and local palsies, and hypodermics did some good service in a severe case of sciatica.

The case of a child seven years of age, diagnosed as Glioma and the eye ball removed at one of the Eye Institutions at New York, subsequently came under my charge. A dense mass occupied the orbit and protruded beyond the lids, producing, from pressure, intense agony, with paroxysms of pain of such severity as to render the child maniacal. The authorities consulted, recommended slicing off the projecting portion, but in this case I considered that procedure of no advantage; not being even palliative. The orbit was, therefore, cleared out down to the optic foramen, resulting in complete relief, and although a growth returned, as was expected, as large as before, but not so firm. The case terminated fatally, yet by the operation the patient was freed from suffering, and his parents and friends spared the violent manifestations of pain previously exhibited.

A CASE OF TETANUS, WITH FAILURE OF CHLORAL HYDRATE.

T. G., aet. 50, farmer, complained of stiffness of jaws, epigastric pain and thoracic "tightness," slight opisthotonus, which he ascribed to cold. On close inquiry for an injury, was shown a cicatrix on the surface over the flexor muscles of the thumb, the result of a wound from a splinter three weeks previous, which he assured me had been entirely removed. Firm pressure seemed to give no pain; in spite of his protestations, however, a pointed probe was introduced, and from the depth of half-an-inch, a small

quantity of pus exuded. After considerable probing I thought I detected a foreign substance; the opening was enlarged, and, at right angles with it, was found and removed a splinter three-eighths of an inch long. A thorough search was made for more, but none found. By this time the patient diagnosed his own case. The removal of the splinter had a happy moral effect, inspiring confidence in his medical attendant by the removal of the cause of He was put upon chloral, quinia, beef-tea and nutritious diet, closely watched and faithfully nursed; every direction being carried out to the letter. The spasms gradually ceased, rigidity of spine gave away, patient steadily improved, everything looked well, and chloral went up in my estimation, when, suddenly, on the 10th day, the pulse increased in frequency and diminished in volume, profuse sweating set in, and, in spite of stimulants, death ensued on the 11th, 32 days after date of injury. The patient was conscious, cheerful and hopeful, until informed decidedly that fatal termination was impending, saying, "Why, Doctor, you must be mistaken; I have no pain, eat well, have no spasms, feel all right, I don't see why I should die." This was all so, but die he did, and chloral takes its place with other "specifics" in tetanus.

CEREBRO-SPINAL MENINGITIS.

The following case will illustrate the form in which this disease has occurred sporadically since 1864, when an epidemic, "spotted fever," severe and malignant, prevailed.

W. K., et. 14, robust boy, after a day spent in a very warm school house, and some boisterous play, with subsequent exposure to the raw air of March, while on his way home, was seized with chill, pain in epigastrium, back and nape of neck, much increased by movement. When seen twenty-four hours after, was found with head drawn back, inability to approximate chin to sternum by voluntary or passive force, (this symptom is pathognomonic,) decided opisthotonus, hyperæsthesia and rigidity of muscles on each side of spine, from occiput to sacrum, excessive frontal pain, with vertical corrugations. To the hand the skin had a dry and functionless feeling, head and body hot, extremities dry and cold, urine scanty, bowels torpid. When roused would answer questions if expressed in loud tone, and attention fully obtained. Petechiæ few and scattered about the body and extremities. These differed from the large, numerous and irregular "spots" of indescrib-

able color and mottled appearance, (that neither "petechiæ," "vibicæ," "lividity," or "ecchymosis" properly portray, but which must be seen to be appreciated,) found in the "spotted," epidemic form of the disease. Pulse 100, moaning and insomnia. Treatment-Ice to head; comp. cathartic pills iv.; hot air bath; potass. bromid. grs. xx., and quinia gr. j., every four hours. Blister of cantharidal collodion to neck, reaching high up; mustard sinapisms to extremities. Perfect quiet, bed pan to be used, nutriment in recumbent posture; attention called to micturition. The method of giving vapor bath, I adopted during the epidemic of 1864 with good effect, has been continued, viz.: in a warm room, a wooden-bottomed chair is placed near the bed (but not so near as to prevent the easy passing of attendant,) a board is fastened in front so as to close the space from seat to floor, (to prevent legs being burned in subsequent part of operation,) under the centre of chair a tin vessel, in it a tea-cup containing 3jss. alcohol. Blankets sufficient to envelope patient and chair from neck to the floor, so as to rest closely there. Have three or four reliable assistants, with muscle, who will be promptly obedient to directions. A pillow placed in back of the chair to support the spine. The patient is carefully taken from the bed and placed the on chair, the blankets being well secured around the neck, and allowed to flow over the chair and rest in ample folds on the floor; bladder of ice on the head. All being ready, ignite the alcohol, from the rear, with a taper, drop the blanket, admitting only sufficient air to maintain combustion. In 10 or 15 minutes the patient will be in a profuse perspiration. Immediately preceding the sweat an "alarm stage" will be experienced by the patient, often requiring the united efforts of physician and assistants to retain the person and coverings in position. When sweating is thoroughly established patient will experience relief, become docile and allow himself to be wrapped in the blankets and placed in bed, where, not unfrequently, he falls into a pleasant slumber. The case under treatment, after use of the bath, experienced almost immediate relief from pain, the muscular rigidity gone, the skin returning to and exercising its normal functions. Bromide of potass., quinia, and occasional doses chloral at night, to induce sleep, were continued throughout until convalescence, which was established in a month. I have given bath with details, because unless used, carried out in early stage, and until sweating is fully established, it is worse than useless.

MORRIS COUNTY.

To Chairman of Standing Committee, Ac.:

The most important event we have to chronicle in relation to the medical history of this county is the re-organization of our District Society, which, after a slumber of Van Winklelike duration, has awoke to a new lease of life, and starts out under auspices of a character most encouraging.

Owing to circumstances beyond control, we are unable to report as to the sanitary condition of the county at large. Speaking from personal observation, it may be said the year has been one of unusual healthfulness, save the past two months, during which we have had a more than ordinary proportion of pneumonitic cases, many of which evinced a decided tendency towards an asthenic type, requiring a supporting plan of treatment to a generous extent. No cases have been met with in which it was deemed advisable to resort to vene-section or Verat. Vir., but liberal allowances of milk and beef tea, with Quin. Sulph., or, what we now employ largely and with much satisfaction, Cincho Quinine, Ammon. Carb., and when circumstances demanded, alcoholic stimulants in proportion to the exigencies of each particular case.

No epidemics have been experienced. Isolated cases of Rubeola, Roseola, Pertussis and Varicella have occurred, in most of which the vis. med. naturæ proved sufficiently potent.

Our attention has been especially directed to the seeming increase of neuralgia, particularly that of the trigeminal type. We are confident more instances of this disorder have come under our observation the past year than ever before, and the result of treatment has been such as to inspire us with the belief that comparatively few cases will fail to yield to a properly directed and extended course of therapeutical opera-

tions. The attention of the Society is respectfully called to a new procedure for the relief of the torturing distress accompanying typical cases of tic douloureux, viz: the deep injection of chloroform. Four cases, to our knowledge, have been reported, details of the last being herewith appended, in all of which the success has been exceedingly gratifying, and such as to commend itself thoroughly to all interested in the healing art.

In response to an inquiry from the Standing Committee relative to Chlor. Hyd., Hypodermic Medication, and the now mooted question, "Do the prescriptions of physicians, as a rule, tend to make drunkards?" we have to confirm the oftrepeated opinion of medical men, that, as a soporific, pure and simple, Hydrate of Chloral stands without a peer. anodyne we place no reliance on it whatever. Concerning its administration, we have employed it largely, and have yet to meet with the first instance in which it was productive of ill effects. Regarding the dose, we begin with grs. x., repeating it every half hour until a decided effect is produced, deeming this in most cases safer, if not quite so speedy a plan, than charging the system with a large dose from the onset. As to the menstruum, our preference is for some form of syrup, believing it to disguise the peculiar pungent taste better than any watery solution.

Regarding hypodermic medication, our experience with it has been extensive, and we have no hesitation in expressing ourself most emphatically in its favor. Morphia, Atropia, Strychnia, Quinia and Chloroform have been the agents employed in frequency as cited. The latter agent was used in an atrocious case of trifacial neuralgia with remarkable results. Quinia, as a tonic, in a case of typhoid fever, but without any apparent advantage. Strychnia was employed in a man thoroughly saturated with neuralgia, in the dose of gr. 1-40 ter die, for four weeks before strychnism manifested itself, and with the most

decided benefit. Morphia and Atropia we use almost exclusively in combination, regarding the effect of the one increased by the other, and feeling confident that any over-action of either, if given alone, will be held in check by the antidotal properties of the other. Besides, we think Atrop. exercises a marked control, though not specific, over the gastric irritability so often resulting from Morphia subcutaneously administered. Our usual dose is gr. 1-60, which, in the majority of cases, will be found productive of atropism to the extent of faucial dryness and moderate pupillary dilatation.

To the last query propounded we give a negative reply.

We append two cases, in detail, of more than ordinary interest.

J. B. MATTISON, Reporter.

CHESTER, May, 1874.

TRIFACIAL NEURALGIA, TREATED BY THE DEEP INJECTION OF CHLOROFORM.

By J. B. MATTISON, M. D.

To Prof. Roberts Bartholow, of Cincinnati, is the profession in this country, and the world, for aught we know to the contrary, indebted for the discovery of the astonishing result produced by the deep injection of chloroform in those cases of the most agonizing neurotic distress known to suffering humanity—tic douloureux, or, as Trosseau styles it, "tic epileptiforme."

The peculiar obstinacy and almost hopeless prospect of effecting a radical cure in typical cases of this disorder is well known to the profession—medical and chirurgical interference having been resorted to in vain—and any discovery which seems to add another weapon to our armamentarium in the struggle with this well-nigh invincible disorder, must be hailed with delight, especially by those unfortunate enough to be numbered among its tortured victims. Such an addition we believe the deep injection of chloroform to be; a belief based on the wonderful results of cases detailed by Dr. Bartholow, and a well-marked case very recently under our observation.

In a communication on this subject lately given to the profession,* Prof. B. explains the modus operandi of its actions and the details of the operation so thoroughly that it remains for us merely to confirm his statements by citing the circumstances and termination of the case we have to present.

Chas. Dimond, whose history as an excessive consumer of Morphia, hypodermically, was given to the fraternity some months ago,† applied to us December 18th, for the relief of an aggravated attack of trifacial neuralgia, from which he had been suffering for several days. By referring to the history aforesaid it will be noted that the first manifestation of his neurotic trouble was in this particular locality, where it continued for two years, and then suddenly attacked his left hip, remaining there most of the time for 12 years, till its sudden return to the right infra-orbital branch of the fifth pair.

The onset of its recurrence in the original site was sudden and without any discoverable determining cause. The paroxysms followed each other at intervals of four to six hours at the beginning of his attack, which gradually diminished until, at the time of his visit, they were occurring every few minutes. During the seizure the muscles of the affected side twitched convulsively, the face was distorted, and the patient, laying hold of anything within reach, groaned aloud in the agony of his distress. Such excruciating suffering we never witnessed.

He had been using his morphia freely, but so intense was the pain it produced no effect. During the four days subsequent to his visit we employed various remedies with the hope of affording him relief, but without any satisfactory result. Morphia, subcutaneously, in increased amount, reaching at one time five grains at a dose, without any benefit whatever; atrop., hypodermically; potass brom. in large doses; hyoscyamus, sinap., blist to the nucha, and, lastly, galvanism, which seemed at first to cut short the paroxysms, but did not lessen the frequency of their coming. Finally this failed, and the man became desperate, threatening to destroy himself if relief were not obtained.

At this juncture, when the paroxyams were becoming frightfully frequent, with no abatement in their severity, we resorted to the deep injection of chloroform. Charging the syringe with one-third of a drachm, Nichols' manufacture, the needle was inserted under the upper lip, pushed upward until its point rested near the infra-orbital foramen, and the chloroform slowly injected. Its presence instantly gave rise to a paroxyam of unprecedented severity, which continued about four minutes, followed by a feeling of an-



^{*} Med. and Surg. Reporter, No. 871. † Ibid, No. 821.

æsthesia of the parts in which the chloroform was introduced, decided drowsiness, and entire subsidence of pain. No giddiness was produced, and the gait was unaffected. A distinct, puffy swelling soon made its appearance at the site of the injection, which did not entirely disappear for several days, but no inflammation was excited, consequently no abscess ensued.

The relief from suffering continued complete for one hour and fifty-five minutes, the sopor meanwhile being very decided and the patient acting much as if under the influence of moderate general anæsthesia. At the expiration of this time he had a slight seizure; one-half hour later another, very mild, and thirty minutes after, on opening a door to get into the open air, he experienced one of considerable severity. The drowsiness continuing he was directed to bed, and on visiting him two hours subsequently we learned he had passed through two paroxysms, one slight, the other somewhat severe. The numbness of the lip and cheek was marked, and the This was at 5 P. M. of the 22d, from which date drowsiness continued. until the afternoon of the 27th, he remained entirely exempt from pain. Calling again that evening (22d) and finding him still sleepy he was ordered Chlor. Hyd. grs. xx. every half hour until decided effect should be produced. Two doses were taken, when he fell asleep and slept for five hours. grains additional were then administered, same dose and interval as before, when he again fell into a profound slumber, which continued for ten hours. On awaking, he arose, made his toilet, an operation he had been utterly unable to accomplish for days previous, on account of the horrible pain it excited, and walked to our office, a considerable distance, without difficulty. He was still very drowsy, and we again recommended him to bed. Sleep being secured the following evening by the free use of Chloral. day he complained of chilliness, great debility, and a sense of general discomfort. He was now placed upon the use of the following tonic: R

Magnes, Sulph.	388.
Mangan. Sulph.	Zii.
Fer. Sulph.	Ðij.
Quin. Sulph.	Эj.
Acid Sulph. dil.	388.
Aq. ad.	₹viij.

M. S. Tablespoonful in wine glass of water thrice daily, and in addition, strych. sulph. gr. 1-48 hypoderm. ter die, with atrop. sulph. gr. 1-60, subcutan. hor. somn. Chloral was employed to secure sleep at night, and a generous diet ordered, beef tea and coffee being freely given.

Finding after a few doses the above tonic ineligible on account of its bulk, we substituted

Re Elix. Phos. Fer. Quin. et Strych. (Wyeth's) dessertspoonful three times daily, continuing the Strych. and Atrop. hypodermically as before.

The patient kept his bed most of the time until the afternoon of the 27th, when, in washing his face, he experienced a paroxysm of the trifacial pain, of decided severity, which continued three minutes, but without any of the spasmodic muscular movements attending the previous attack. Two heurs later he had another seizure of diminished severity, since when, until the date of this writing, a period of nearly five months, he has been entirely free from suffering.

The second tonic was continued one week, when he was prescribed the following:

R Quin. Sulph. gr. ij.
Tinct. Fer. Chlor. gtt. xxx.
Liq. Potass. Arsen. gtt. x.

M. S. Take at a dose, diluted, after each meal, the other remedies to be continued.

Under this treatment his appetite returned, strength increased, and his general condition so improved that at the expiration of seventeen days he was able to resume his vocation.

The plan of treatment pursued subsequent to the injection of the chloroform, demands, perhaps, some explanation. It had a three-fold object in view: recuperation after the prolonged bout of pain; toning up his nervous system to eradicate the tendency to neurotic disorder; and the making amends for the withdrawal of his long-accustomed stimulus.

As to the first point, the result of the case sufficiently proves its success.

Concerning the second, a marked decrease in the sciatic suffering (for a few days after the relief of his trifacial trouble, pain returned with great severity in his left hip) made itself manifest in less than a fortnight.

Regarding the last point, we may say that, taking advantage of a peculiar combination of favorable circumstances, we withdrew *entirely* his morphia, with the object of emancipating him from the drug which for more than six years had enslaved him.

Success complete crowned this movement. Not one atom of morphine has entered his system since the chloroform injection, all craving for it subsiding entirely at the expiration of three weeks, and he stands forth to-day a man thoroughly disenthralled from a most debasing servitude. He has, too, been completely exempt for months (something unprecedented during fifteen

years' experience) from this sciatic trouble, making, in all, a very interesting case, with an eminently satisfactory result.

In a retrospect, one or two additional points present themselves for reflection. The first relates to the amount of chloroform injected. We entertain the opinion that had the quantity been larger, the subsequent diminished paroxysms would not have been experienced. Should a similar case present itself, one-half a drachm would be the minimum injection.

The intense pain produced by the diffusion of the chloroform suggests the propriety of a previous resort to very moderate general ansesthesia, with a view of avoiding this exceedingly painful complication.

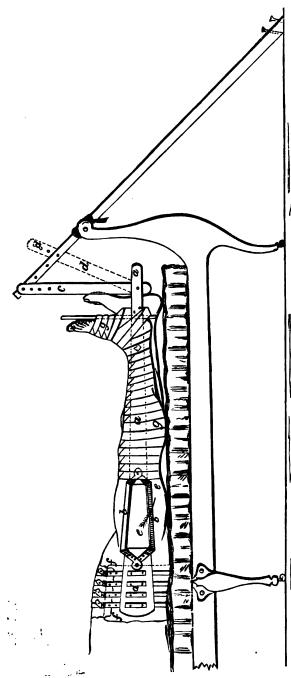
To sum all, the astounding results in every case, to our knowledge, recorded, mark the injection of chloroform as a new era in therapeutical advancement, entitling its discoverer to the lasting gratitude of a class of patients, to whom, heretofore, in many cases, no measure of relief has proved competent to cope successfully with their painful disorder.

CASE OF HIP JOINT EXCISION.

BY P. A. HARRIS, M. D., DOVER.

Aug. 23, 1873, J. P., aet 29, single, while engaged in iron mining, was crushed by a falling mass of rock, weighing 300 pounds, producing a compound comminuted fracture of the upper one-fourth of femur, including trochanter and a portion of neck. An examination revealed the fact that the wound on the anterior aspect of the thigh, situated just at the outer and lower border of Scarpa's triangle, was large enough to admit the hand. The bony fragments were widely separated, but the larger blood-vessels and nerves remained intact.

After a further careful examination, assisted by Drs. Condict and Richie, called in consultation, it was decided to perform the operation of excision, remove all fragments, saw off the sharp, projecting portion of the obliquely fractured upper end of lower bone, and place our patient in the best possible condition for recovery. Four hours subsequent to the injury, after thorough anæsthesia, the operation was begun by introducing in the wound a curved director carrying a chain saw, which was carried round the axis of the upper end of lower fragment, and the sharp oblique extremity sawn transversely across. The patient being then placed on his left side, we introduced the knife at a point midway between the anterior superior spin-



A, Modified Liston's Splint; B, iron bracket raised two inches above inner plane of Splint and surface of leg, secured at either end to the wooden Splint by screws; C, swing stick; D, the direction of inclination of swing stick for extension; D, line of incision; P, wide belt to encircle the body, and secure upper end of Splint to the side; G, bandage encircling the leg, Splint, foot-piece, &c.

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ous process and trochanter major, cutting slightly backwards, then downward and forward, forming a convex incision with the concavity looking forward, according to the plan pursued by most surgeons for hip joint excision. This exposed to view the fractured neck and trochanter, and all the fragments, which were removed, together with the head of the bone. The wound was then thoroughly sponged out and closed immediately by sutures, between which were placed long strips of adhesive plaster, thus securing perfect coaptation, except the most dependent portion of the incision, which was left open for drainage. The operation being completed, patient was laid on a level bed, and the leg bandaged to an ordinary double inclined plane until a permanent apparatus could be devised for keeping the limb in a desired position. Returned in the evening, found him comfortable and quite free from pain. Ordered beef tea and Liq. Morph. Sul. 3j. every hour till sleep was produced.

Aug. 24, 9 A. M., P. 107; T. 101 degs. Patient complains of soreness at site of the operation. Four hours sleep during night; has taken 3xvi. beef tea since yesterday. Ordered 3iij. beef tea every two hours and the wound to be syringed out with tepid water, followed by a weak solution of carbolic acid. Returned home, and with the assistance of a blacksmith, constructed the following apparatus, which Dr. Condict assisted me in fitting to our patient, twenty-four hours subsequent to the operation.

(The engraving on page 221 represents the appliance after adjustment.)

It consists of a modified Liston's splint, extending from the body to about five inches below the foot, interrupted at the point of incision by arched irons firmly secured to the splint on either side of the arch, the splint being well padded and covered with canvas. The upper end is secured to the side by a wide belt encircling the body, while the leg and foot are firmly bandaged to the splint and foot-piece. The bandage being sewed to the canvas at its upper border secures the leg immovably to the splint. Four inches below the foot-piece is an upright stick, (swing stick), fifteen inches in length, fastened at the lower end to the splint by a screw, and at the upper, screwed in like manner to a stick which rests on the foot-rail of the bed, the lower end being beveled and fastened to the floor by screws. This "swing stick" addition to Liston's splint, though simple, and easy of construction, more than fulfilled the indication had in view when it was devised. The patient, preserving the dorsal decubitus, the foot and leg being raised just clear of the bed by it, are allowed to swing with every movement of the body, and the heel being lifted off the bed, all possibility of excoriation from pressure is thereby removed. A certain degree of extension can be

maintained by changing the screws so that the stick inclines several degrees from the foot, the leg itself, under these circumstances, constituting the extending power. The amount of tension exerted will, of course, depend upon the weight of limb, length of "swing stick," etc. In this case, however, the idea of extension was abandoned when it was found that muscular contraction only produced three inches shortening, leaving an interval somewhat in excess of two inches between the acetabulum and upper end of femur, more than five inches in length of bone having been removed.

August 25th, P. 103; T. 101. Nearly 3xxxij. beef tea and 3viij. milk in last 24 hours. Seven hours sleep during night, after taking two 3j. doses Liq. Morph. Sulph. The sutures were removed, the line of incision having closed for about two-thirds of its extent, and the wound syringed with tepid water and the weak carbolized solution as before. The discharge, which has previously been composed chiefly of blood products, has become purulent in character, and begins to present the characteristic appearance of healthy pus. The plasters are removed and new ones applied, passing well around the limb, thus approximating the deeply opposed surfaces of the incision. Patient quite free from pain, and the wound presents a healthy appearance.

From this date until Sept. 6, the wound was daily cleansed with the tepid water and Solut. Carb. Acid; the wet and loosened adhesive straps were replaced by new ones from day to day, and the belt encircling the body securing the splint to the side was made tight or loosened, as the comfort of the patient seemed to demand, while the bandage securing the splint to the leg was entirely removed every six or seven days, and a new one applied, which, after adjustment, was sewed to the upper border of the canvas covering the splint. Patient consumed one to two pints of beef tea and one pint of milk every twenty-four hours, no tonics or stimulants being given, and averaged nightly from six to eight hours sleep.

Sept. 6. But little pain; rests well, morphia being dispensed with part of the time; appetite good, without tonics, though pulse is not quite so strong. Discharge abundant, having, in general, a laudable look. Heretofore, in syringing, the long vaginal nozzle has been introduced in the wound easily every day. Now it passes with so much difficulty that we are compelled to substitute a smaller one, affording substantial evidence of the rapidly healing process nature has instituted to supply the deficiency. The syringe enters to the extent of four or five inches, discharging its contents in the region of the acetabulum, and cleansing the parts completely. Pulse being weak, 3ij. of brandy are ordered every 24 hours.

- Sept. 11. Doing well. Wound will not admit nozzle of smallest syringe, consequently injections are made through the incision. When this is done a few drops of the injected fluid find exit from the wound. The walls of the cavity are, doubtless, all reached by the injections.
- Sept. 25. No important change in patient's general condition. Occasionally the discharge loses its opaque, yellow appearance, and becomes thin and colorless, irritating the parts with which it comes in contact. This condition, however, is transient, soon giving place to healthy pus. The wound is rapidly filling with granulations, the diameter being gradually diminished by the contracting cicatricial tissue.
- Oct. 14. Patient looking well. Very little pain; sleeps well; appetite good; wound entirely healed. The deep portions of the incision appear, for the most part, to be well united. One or two sinuses leading to the region of the acetabulum continue to discharge a small quantity, perhaps one ounce, during the 24 hours. Decided to day to remove the long splint, and Dr. Condict assisting, substituted a plaster of Paris bandage. In it were laid long, pine splints, about one inch wide and 1-16 to 1-8 inch thick, this addition adding very much to its strength as a dressing. A fenestrated opening at the point of incision admits easy dressing of the wound as before. Bandage comfortable,
- Oct. 23. Assisted patient out of bed and had him stand, aided by crutches, the injured limb being supported by a rubber sling, extending from the foot to the neck. This is made of heavy, half-inch rubber tubing, and without tension, reaches to the calf of the leg, so that a weight equal to that of the limb is required to stretch it to the foot, under which it passes. An elastic sling in a case of this kind appears to accomplish what nothing else can, i. e., to give almost equal support to the leg in all the varied positions assumed by the patient.
 - Oct. 24. Stands, and assisted, can walk with crutches.
- Oct. 25. Remains out of bed fifteen minutes, walking well on crutches, having some one to steady him. Direct him to leave bed every day and remain up long as possible.
- Nov. 15. Doing well; discharge diminishing; has gained strength rapidly since getting out of bed; remains up two or three hours each day. Plaster of Paris bandage removed; the leg retains its acquired position and is quite firmly united at the hip. Patient has slight power of flexion and extension. No reasonable force causes any perceptible difference in the length of the limb. One sinus still discharges small quantity healthy pus.

Dec. 15. Patient doing finely; up all day; can bear half his entire weight on the injured limb.

At date of this writing, Jan. 17, almost six months have elapsed since the injury, and the case seems sufficiently advanced to warrant us in giving a prognosis. One sinus still discharges slightly, yet the patient can bear his whole weight on the injured limb without any pain whatever; looks well and has a fair appetite. Direct him to take plenty of exercise without using the injured leg, hoping the sinus and lesion to which it leads may entirely heal. Careful probing fails to afford any evidence of necrosed bone.

Over five inches of the longitudinal axis were removed. Shortening exists to the extent of three inches. This can be compensated by a cork or steel extension shoe. Judging from his present condition, it will not be long before he will begin to use the injured member, which, though short, will be infinitely more serviceable to him than any artificial limb, adjusted after a hip-joint amputation. In view of these facts, we regard the operation as successful, not only in saving the life of our patient, but in sparing him a limb which will be of great service to him in locomotion.

The operation of excision of the head, neck and trochanters of femur is not in itself very dangerous, as is proved by the fact that 43 per cent. of all operations made for the removal of necrosed bone, end in recovery. It must be remembered, however, that the great majority of cases operated on for chronic disease, are children, who possess a high degree of vitality, 90 per cent., at least, not having attained the age of sixteen years, enabling a larger proportion of them to recover than adults.

Where excision has been performed for chronic disease, in adults of thirty years and upward, only 15 per cent. have recovered. With this knowledge of the mortality following the operation, we are still unable to draw the line of difference and determine how much of the danger in question depends on the knife, or how much is added to it by the disease which existed months or years before.

There are 96 recorded cases of excision of head, neck and trochanters, after injury, with 8 recoveries. Twelve cases are reported prior to our late war, of which only one recovered. Of the 85 cases, 73 occurred in military practice, from which it is safe to infer they were mostly after gunshot injury. Hence, how seldom has the operation been resorted to in private practice.

If I may add to this number the case in question, we have a total of 86 operations, with 9 recoveries, or more than 10 per cent. of the cases ending

favorably. The results obtained after hip-joint amputations in military practice, show that less than 10 per cent. recover, so that excision may be considered less fatal, while it offers to those who recover, an impaired, though, in most cases, useful limb.

Another plan, which may well be called "expectant," of treating this class of injuries, is to reduce the fractured bones as far as possible, and treat as a case of compound fracture, simply.

So far as we can learn, this has been much less satisfactory than excision or amputation, so that, in a majority of the cases of compound comminuted fracture of the femur, where the fragments are widely separated, we are left only to consider the relative value of the two latter operations.

If the wound be not too extensive, and the femoral vessels and nerves remain intact, it is a case for excision. When the reverse obtains, it is probable the only hope of a successful issue lies in amputation. May it not be laid down as a rule, in surgery, that excision should, in all cases, be preferred to amputation, where the large blood-vessels and nerves are uninjured?

In exsection it is, doubtless, best to remove as little as possible, viz:

All separated fragments.

All the sharp projecting portions of bone.

The head and neck, if the capsular ligament or any of the intra-capsular portion of the bone is found to be injured.

If the fracture involves the trochanters and only that portion of the neck without the capsular ligament, it will, doubtless, be best to saw off the neck just external thereto, removing the injured portion and leaving the head intact. This, in general, cannot be decided on until the incision is made, through which to examine the parts.

The fearful rate of mortality attending amputations at the hip-joint, and also the "expectant" plan of treatment, have been as amply demonstrated in civil as military practice. Most of the cases of excision after injury, have occurred in military service, where the mortality attending capital operations is much greater. In view of these facts, it may safely be inferred that in non-military surgery, with a proper selection of cases, the operation promises more than we have seen from it in the past.

PASSAIC COUNTY.

To Chairman of Standing Committee, &c.:

The average health of Passaic County for the past year has been better than that for the previous one.

The only epidemic was that of measles, which began with

winter and extended to February. It prevailed very extensively; was, as a rule, of mild type, and, as usual, left in its train, in some cases, serious pulmonary complications.

In comparatively few cases the eruption was preceded by laryngitis, but this was neither eroupous nor diphtheritic.

Four fatal cases of cerebro-spinal fever, seventeen each of typhoid and scarlet fevers, and one of small-pox, were recorded during the year. Remittent and intermittent fevers have prevailed as for several previous years.

Last summer, when the cholera appeared at the South and had a northward tendency, our Board of Health caused to be distributed to every house in this city a copy of "a memorandum of cholera," prepared by the American Health Association. It urged the cleaning, disinfection and removal of all material that might cause or aggravate disease. Had the directions of the circular been more strictly observed, we doubtless should have had fewer fatal cases of diarrhea during the summer months.

The following table, compiled from the annual report of the Department of Health, exhibits the number of deaths from the more prominent diseases from April, 1873, to April, 1874:

1873.											1874.				
	April.	May.	June.	July.	Aug.	Sept.	Oct	Nov.	Dec.	Jan	Feb.	Mar.	Total.		
Consumption	17	12	8	13	12	9	9	4	10	14	6	14	128		
Diarrhœa	2		13	48	82	14	1		1	1	1	1	114		
Pneumonia	7	6	7	8	1	3	4	8	5	5	7	2	58		
Convulsions	4	6	5	13	5	11	2	5	8	5	5	6	75		
Bronchitis	4	1	8	2	1	1	1	8	6	2	4	8	31		
Peritonitis	8		2	2		1		1		8	1	2	15		
Croup		1		2		1	1	8	8	1		2	14		
Marasmus		5	5	8	18	4	8	1					44		
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Table show	ving Marri	ages, Birth	s and Deaths:
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1873.											1874.			
	April.	May.	June.	July.	Aug.	Sept	Oct	Nov.	Dec.	Jan	Feb.	Mar.	Total.	
Marriages	40	85	29	43	38	44	41	30	27	27	22	16	392	
Births	95	78	87	90	106	91	89	87	98	135	113	112	1181	
Deaths	86	68	75	122	102	79	79	56	72	 80	60	68	942	

Appended are communications from G. H. Balleray, M.D., and Sarah F. MacIntosh, M. D.

PATERSON, May 13th, 1874.

WM. BLUNDELL, M. D., Reporter.

CHLORAL HYDRAT. IN LABOR.

BY SARAH F. MACINTOSH, M. D.

Chloral Hydrate, in the tedious first stage of labor, particularly in primipara, is a most valuable agent. From my own experience in its use in the obstetric wards of the New York Infirmary, I am inclined to call it the most valuable agent we possess.

Given in twenty grain doses, it moderates the pains, hastens dilatation, and leaves the patient in so comfortable state that she will frequently doze off between the pains, and, after delivery, almost immediately falls into a refreshing sleep. Without producing the complete insensibility which accompanies the use of chloroform or ether, and which is often so alarming to ignorant attendants, and also without being supplemented by nausea or vomiting, it has, in ordinary cases, nearly all the advantages which attend the use of those ansesthetics.

As for my own practice, I never attend an obstetric case without carrying my chloral with me.

PATERSON, May, 1874.

CASES OF PLACENTA PREVIA.

BY G. H. BALLERAY, M. D.

Placenta Prævia, being one of the rarest, as well as the most formidable complication of labor, I thought that a short report of the cases which have occurred in my practice, might not be devoid of interest to the profession. I have had the somewhat exceptional as well as unenviable experience of attending two cases of Placenta Prævia in one day, both of which resulted fatally; and while I deplore the melancholy termination of these cases, I am comforted by the recollection, that in the treatment of each, I had the counsel and assistance of one of the ablest members of the profession in this city.

It is, unfortunately, the habit of some of the members of our profession to report only their successful cases, forgetting to mention the unsuccessful ones; but that does not accord with my ideas of honesty, for according to my views, a physician should be as ready to acknowledge his short-comings as he is to proclaim his triumphs.

CASE FIRST.

March 3d, 1871, I was called to see Mrs. G., a native of France, 31 years of age, the mother of one child, 5 years old. Patient is now at the full term of pregnancy, (about a month ago she had an attack of flooding, which yielded readily to the treatment adopted, viz: rest in the recumbent posture, astringents, and anodynes), she is now flowing rather freely, and has been for the last two hours; the blood comes in gushes during a pain; she is nervous and excited; pulse rather weak; the os uteri is dilated to the size of a twenty-five cent piece, and through it the placenta can be distinctly felt. I tamponed the vagina thoroughly, retaining the tampon by means of a bandage properly applied, and gave small quantities of ergot and brandy every half hour. The tampon controlled the hemorrhage completely, and by a reflex action produced strong uterine contractions, which continued to recur at regular intervals. About four hours after the introduction of the tampon, the pains became decidedly expulsive in character, and blood began to coze rather freely from the vagina. I now removed the tampon and found the os pretty fully dilated, and the placents attached over about three-fourths of its circumference; the attachment being on the anterior and lateral portions, leaving the posterior lip of the os free. I now detached the placenta to a considerable extent, and pushed it towards the anterior portion of the os, and finding that the head presented (in the first position), I ruptured the membranes and allowed it to descend. The detachment of the placenta was followed by an enormous gush of blood, but the pressure

of the head upon the utero-placental vessels acted as a very efficient tampon, controlling the hemorrhage entirely. The pains now increased in force and frequency, and in about fifteen minutes the woman was delivered of a healthy, living, male child, weighing about nine pounds. The uterus contracted firmly after delivery, but did not expel the placenta. I therefore introduced my hand and removed it. After the removal of the placenta, there being still a rather free hemorrhage, I introduced a piece of ice within the os uteri. This had the effect of promptly checking the bleeding. The woman recovered uninterruptedly and rapidly; so much so, that on the tenth day she was able to leave her bed and attend to her household duties; and on the twenty-first day was strong enough to leave this city and remove to Hoboken. Her gratitude, however, was not proportionate to her strength, for in leaving she forgot to remunerate me for the services which I had rendered her.

CASE SECOND.

Mrs. D., aged 22, a native of Canada, mother of one child, two years old, in the ninth month of her second pregnancy, was taken with flooding on the morning of April 15th, 1872. I was sent for, and learned that the hemorrhage had come on suddenly, while the woman was at work; she had experienced a slight pain, followed by a gush of blood from the vagina, and that, ever since, there had been a slight oozing of blood from that part. On examination I found that there was no dilatation whatever of the os uteri, and as the flowing at that time was exceedingly slight, I simply ordered an anodyne and astringent mixture, rest in the recumbent posture, and free ventilation of the room, together with cold acidulated drinks. I thought then that in all probability I was dealing with a case of Placenta Prævia, and told the friends of the patient to send for me immediately should the hemorrhage become more profuse.

Under the treatment above mentioned, the hemorrhage ceased inside of 24 hours, and after remaining in bed a day or two longer, the woman got up and walked about as usual. I heard no more from her until the 21st, when I was hastily sent for, about midnight, and when I arrived I found that she had already flowed considerably, but was not flowing much at the time. I made a vaginal examination, and found that there were no indications of labor, but in order to guard against any sudden outburst of hemorrhage, I tamponed the vagina, and having instructed the attendants in regard to the management of the case, and requested them to send for me at once, should there be much oozing through the tampon, I left for the night. I again saw the patient the following morning, (April 22d,) about ten

o'clock; she had rested some; her pulse was eighty-four and of good volume; skin normal, and tongue clean; was suffering some inconvenience from the tampon. I therefore removed it, and as there was no hemorrhage, no dilatation of the mouth of the womb, and the patient promised faithfully to remain quiet in bed, and send for me promptly should the hemorrhage return, I thought I would dispense with it. On the twenty-third I was again sent for, about 4 A. M.; the patient had disobeved orders and sat up for three or four hours the previous evening; shortly after going to bed she began to experience some pain, attended with slight hemorrhage; not wishing to disturb me, she waited until the hemorrhage became more profuse. When I reached the house I found that she had flowed considerably, and was having slight pains about every fifteen minutes; the os was sufficiently dilated to allow the introduction of the finger, and in so doing, I at once recognized the existence of partial Placenta Prævia, and also a presentation of the vertex. The woman's pulse was ninety-eight, and not as weak as might have been expected, from the amount of blood lost, and although naturally enough a little anxious in regard to the termination of her labor, she was disposed to be hopeful and courageous. I tamponed the vagina thoroughly, and gave small doses of ergot and brandy at regular intervals. I remained with her until 8 A. M., when finding that the pains were recurring regularly and that there was no oozing through the tampon, I left, and returned at 9:30 A. M., accompanied by my friend, Dr. E. J. Marsh. found the patient in about the same condition as I left her, except that the pains were more frequent and violent. After waiting about an hour, finding that the pains were quite strong, and that there was some oozing of blood through the tampon, I removed it, and found the os pretty well dilated; during a pain the membranes bulged considerably, and after waiting about a quarter of an hour, I ruptured them; the head then engaged in the uterine orifice, and the hemorrhage ceased.

After the rupture of the membranes, the pains became expulsive in character, and the head was rapidly driven down to the floor of the pelvis. As there was now every indication of a speedy and safe delivery, and, as I was anxious to see one or two other patients who were in a critical condition, I requested Dr. Marsh to take charge of the case, and was about to leave, when the Doctor remarked that I had better remain, as the child would soon be born. I did remain, and in about ten minutes the woman was delivered of a healthy, living female child. I was standing at the foot of the bed when the child was born, my friend, Dr. Marsh, acting as accoucheur. At the Doctor's request, I divided the funis, and handed the child to one of the women in

attendance, while he took charge of the after-birth. On my return from the adjoining room, I noticed that the woman was flowing rather freely, although as the Doctor observed, the uterus was firmly contracted; at my request, he introduced two fingers into the vagina, and turned out a large quantity of clotted blood, and as the hemorrhage continued, he delivered the placenta, by a very gentle traction upon the cord. The delivery of the placenta was not followed by a cessation of the bleeding; on the contrary, the blood continued to flow from the vagina in considerable quantities, and the patient became blanched and pulseless. As it was impossible to obtain ice, compressed snow was introduced into the vagina and rectum, by Dr. Marsh, while I raised up the foot of the bed, in order to keep up the supply of blood to the brain, and administered stimulants, as freely as the condition These means, together with the free adof the patient would allow. mission of fresh air into the room, were persevered in to the last, but all our efforts proved fruitless, and she sank and died within ten minutes after the birth of the child, without manifesting any of the symptoms which generally precede death by hemorrhage: the uterus remaining firmly contracted unto the last.

Post mortem examination, twenty-two hours after death, in presence of Drs. Marsh and Van Riper. Rigor mortis well marked, body well nourished. An incision was made from the notch of the sternum to the pubes, and the thoracic and abdominal cavities opened, and their contents examined. The lungs, liver, spleen, pancreas, stomach and intestines were found healthy. The muscular structure and valves of the heart appeared to be normal, its cavities did not contain a single drop of blood, neither did the aorta or venæ cavæ. The uterus was firmly contracted, its cavity empty, and its tissues blanched and perfectly exsanguinated; indeed, this complete anæmia existed in all the organs of the body,—the point of attachment of the placenta was well marked, and, on the left side, near the margin of the uterine orifice, over a space about one inch in diameter, the mucous membrane and submucous tissue were softened and disintegrated.

This case is interesting, as illustrating the fact that, in cases of placenta prævia, the woman may die of post-partum hemorrhage, with a firmly contracted uterus; indeed, I know of no reason why this should not be the case, for the contraction of the fundus and body of the organ, can have no more effect in controlling hemorrhage, in cases in which, the placenta has been attached over the mouth of the womb, than would the mere contraction of the circular fibres, surrounding the os, in a case of flooding, in which there had been a normal attachment of the placenta. In ordinary cases, by

producing firm contraction of the uterus, the accoucheur accomplishes exactly what the surgeon does, when he applies a ligature to the ends of the arteries divided in an amputation, viz.: closure of the mouths of the bleeding vessels; but in cases in which the placenta has been attached to the margins of the os tincæ, it is not sufficient for the accoucheur to feel the uterus like a firm, round ball, above the pubes, but it is his duty to cause the muscular tissue surrounding the os to contract, and this is to be done by the introduction of ice within the uterine orifice.

The day before her death, this patient told me that when about four months pregnant, she visited a quack in New York, for the purpose of having an abortion produced, as she was living on very unpleasant terms with her husband, and did not wish to have any more children. According to to her statement, the "Doctor" passed "a needle into the womb;" the operation was followed by considerable hemorrhage, and the bleeding continued, varying in amount, for about six weeks, at the end of which time, it was followed by a profuse, purulent discharge which lasted for nearly three months. Possibly, the softening and degeneration of the tissues surrounding the os, which were observed at the post-mortem examination, were the result of inflammatory action, induced by this criminal interference.

CASE THIRD.

Was called in the evening of April 23d, 1871, to see Mrs. H., an English woman, thirty-five years of age. She was a pale, anæmic, cachetic looking person, and on inquiry I ascertained that she had never borne a living child, but had had five miscarriages; the last three of which occurred when she was nearly five months pregnant, and were attended with profuse hemorrhage. The last one had occurred about a year previous to my seeing her, and the amount of blood lost on that occasion was so great that she was left in a debilitated, broken down condition, from which she was unable to rally. At the time of my visit, she was flowing very slightly, and had experienced wandering pains in the back, thighs and lower portion of the abdomen; she was then in the seventh month of pregnancy, and supposed that she was threatened with another miscarriage, and nothing more. As I had, that very day, lost a patient with placenta prævia, I was naturally enough on the alert, and made a very careful examination, but there was not a particle of dilatation of the os uteri; so, after giving what directions I considered necessary in regard to the management of the patient, and requesting, particularly to be sent for immediately, should the hemorrhage increase,

I left the house. About two o'clock the following morning, I was sent for and hastened to the bedside of my patient. I there witnessed a scene that I shall never forget; the poor woman was lying on the bed, almost in articulomortis, the pulse, at the wrist, could scarcely be felt, and blood was flowing from the vagina in torrents; it had saturated the bed and bed-clothes, and was running down upon the floor at the foet of the bed. In the twinkling of an eye, I had the foot of the bed raised about two feet from the floor, the pillows removed from under the head of the patient, and all the windows opened; then finding the os uteri dilated to the size of a twenty-five cent cent piece, and that the placenta presented, centre for centre; in other words, that I had a case of complete placenta prævia to deal with. I tamponed the vagina, and gave iced brandy freely, alternating with twenty drop doses of Squibb's fluid ext. of ergot, I then requested Dr. C. S. Van Riper to see the patient with me; he came immediately, and by the time he arrived, the pulse had rallied a little, and the pains were frequent and pretty severe; Dr. V. R. removed the tampon, and finding the os dilated to the size of a silver half dollar, soft and dilatable, he passed his left hand into the uterus, detaching a considerable portion of the placenta, turned and delivered by the feet. The uterus not contracting well, I dashed cold water upon the abdomen, from a height of about three feet. This acted almost with the rapidity of lightning, causing the uterus to contract firmly; the doctor then gathered up the placenta in his hand, and withdrew it. After the removal of the afterbirth, the womb remained well contracted, and there was no hemorrhage, but, notwithstanding, that every effort was made to save her, the patient sank and died within fifteen minutes after the birth of the child. this case, as might well be expected, the child was born dead. When I upbraided the husband of the patient, and the woman in attendance, for their stupidity, gross negligence and want of feeling, in not sending for me as soon as symptoms of danger manifested themselves; they replied that in in her previous miscarriages, she had been attended by an old midwife, who told her that "it was good for a woman to lose a good deal in confinement," and, moreover, the patient dreaded the sight of a doctor, and placed implicit confidence in the ability of nature to bring her safely through. I must take exceptions, (as the lawyers have it,) to the opinion of this good woman, for, however willing I might be to trust to nature in the treatment of a mild case of typhoid fever, or pneumonia, I should hate very much to trust her in a case of transverse presentation, or in a face presentation in a mento-posterior position. I have very little admiration for her as a midwife, and I think that in the treatment of placenta prævia. especially, she appears at a very poor advantage.

CASE FOURTH.

About 1 A. M., June 15th, 1872, I was called to attend Mrs. H., a native of Germany, twenty seven years of age, and the mother of two living children. The patient is a short, rather stout woman, and has always enjoyed good health; her previous labors, however, have been somewhat difficult, it having been necessary to deliver her of her first child with forceps, and her second by version, it being an arm presentation. When her husband came for me he was very much excited, and requested me to hurry, as his wife was "swimming in blood." I need scarcely say that such a statement is calculated to make a man hurry, (that is, if there is any hurry in him,) and I accompanied him to his house without delay. When I arrived, I found the patient lying upon her back in bed; her face was pale and ghastly, and her pulse very frequent and feeble; so much so that it was scarcely perceptible; between her thighs there was an enormous pool of blood, but there was none issuing from the vagina, at the time. The os uteri was sufficiently dilated to admit one finger, and, upon examination, I found the placenta implanted directly over it, centre for centre; I placed the woman with her head low, tamponed the vagina, and gave iced brandy and Squibb's fl. ext. of ergot, as freely as I thought proper. After a while reaction took place, the pulse became stronger and less frequent, and the surface of the body warmer, and the labor pains began and continued to recur regularly, and increase in force. By 7 A. M., the os uteri was dilated to the size of a silver half dollar, and the pains had acquired a decidedly bearing-down character; a very violent pain new occurred, which forced the tampon from the vagina, in spite of the resistance of the bandage, and the exit of the tampon was followed by a discharge of blood which threatened to inundate the patient. I saw that there was not a moment to be lost, so baring my arm, I sprang upon the bed, and kneeling beside the patient, I passed my hand into the vagina, and up to the os uteri; I then detached the placenta from its posterior attachment, (the hemorrhage, meanwhile, being exceedingly profuse,) then rupturing the membranes, I seized one of the feet, and brought the child into the world with very little ceremony. As soon as the child was born, I passed my hand into the uterus, separated the remaining attachments of the placenta, and removed it. I then introduced a piece of ice within the os, and continued to manipulate the fundus, until the uterus was firmly contracted. The introduction of the ice within the os, was followed by a sudden cessation of the hemorrhage. I then bandaged the woman snugly, and placed a piece of ice, in a folded napkin, to the vulva, in order te maintain the firm contraction of the uterus. I now turned my attention to the general condition of my patient. She was pale as a corpse, and pulseless; but with a free administration of stimulants, &c., the pulse gradually returned, and, although she remained in a critical condition for some time, she ultimately made a good recovery. In this case the woman had reached the seventh month of pregnancy. The child was still-born, it never having manifested any signs of life, after the first outburst of hemorrhage.

CASE FIFTH.

In August, 1872, I was sent for by Dr. Terribery, to assist him in the management of a case of placenta prævia. An old midwife had first been called to attend the case, but finding that each pain was accompanied by a gush of blood from the vagina, the old lady, not feeling quite adequate to the emergency, sent for Dr. T., and he in turn sent for me. The patient was a tall, slim woman, forty years of age, the mother of seven children, and was in the eighth month of pregnancy. She had lost a large quantity of blood before the doctor arrived, but, as she was not flowing at the time, he refrained from doing anything, until my arrival. The os uteri was considerably dilated, and the diagnosis of complete placenta prævia was, therefore, made without any difficulty. As the pains had ceased, ergot was administered; and, at my request, Dr. T. tamponed the vagina thoroughly; directions were then given to stimulate the patient, slightly, and give immediate notice to us, should the pains return, or oozing through the tampon occur: we then left, agreeing to meet again in a hour. When we met again we found matters in statu quo, the pains had not returned; we therefore changed the preparation of ergot which we were using, for Squibb's fl. ext. When we met again three hours later, we found that the patient had had a few slight pains, but the os was not dilated to any greater extent than when we first met, although it was softer and more dilatable. I felt confident, however, that I would experience no great difficulty in insinuating my hand through it, and therefore proceeded to do so. I then peeled off the placenta posteeriorly, ruptured the membranes high up, near the fundus, seized the feet, and brought them outside the vulva. The pressure of the breach upon the utero-placental vessels, checked the hemorrhage which had been excited by the detachment of a portion of the placenta, and the introduction of the hand within the uterus, having brought on pretty strong uterine contractions, the case was left to nature, until the breach had cleared the vulva, after which, Dr. Terriberry proceeded to complete the delivery. As soon as the child was born, I introduced my hand, removed the placenta, and then passed a piece of ice within the os; the uterus then contracted firmly, and the hemorrhage ceased. The child was male, weighing about seven and a half pounds, was still-born. Under the treatment of Dr. Terriberry, the mother made a good recovery.

Paterson, May, 1874.

SALEM COUNTY.

To Chairman of Standing Committee, &c.:

I cheerfully contribute my mite to your report, though I do not remember any striking peculiarity in the sanitary history of our county during the past year. We have had, with some exceptions, to contend with the usual varieties of diseases, and with their average degree of severity. The general health of the locality has been good.

Rheumatism and diarrhea, however, must be considered as exceptions to the above statement.

The first-named disease was more prevalent than ordinary, and in some cases of such severity as to resist the most thorough and persevering treatment; although, as a general rule, the disease was treated successfully by the ordinary remedies.

Diarrhœa was very prevalent during the summer; but especially during the winter and spring it was, and is still, one of the most frequent complications of fevers, rendering them, in many instances, obstinate to treatment, and protracted in their course.

Scarlatina of a mild form is now prevailing in some parts of the county.

Sudden deaths from heart affections and consequent cerebral congestion are becoming more frequent each year.

Phthisis is steadily on the increase among us; its victims becoming more frequent each year. And that heterogeneous array of symptoms called Dyspepsia may be said, to use a

parliamentary phrase, to be unanimously adopted by the people. Where is the physician who does not have every day, like Dio Lewis, the complaint, "I'm all gone in the pit of the stomach," dinned in his ears? But as my office is rather to state facts than to suggest remedies, I must refer the correction of this chronic ailment to the wisdom of the learned body to whom you are instructed to report.

I have not ventured to reply to your first query, without previously consulting my medical brethren. I find that all agree with me in the opinion that "as a general thing, the prescriptions of physicians do not contribute to make drunkards." Although such as contain alcohol and its preparations are, without doubt, in some instances, the first steps to the terrible vice of intemperance, and they should never be ordered if the beneficial effects sought can be obtained by other means. It should be the earnest prayer of every conscientious physician that the day may speedily come when some substitute for alcoholic stimuli shall be discovered. far as the question of drunkenness is connected with medicine, though the connection is indirect and illegitimate, I think a heavy responsibility rests upon the vendors of the thousand and one quack compounds called bitters, the great majority of which are but some form of alcohol, disguised under some specious name, and for the preparation and sale of which the compounder has an especial license or patent from the general Government.

The Chloral Hydrate is extensively used in this vicinity, though not so generally in other parts of the county. As a hypnotic, rapid in its operation, it has no rival in the treatment of all forms of nervous excitement unattended with pain. It occasionally causes nausea, but with this exception it is free from the unpleasant effects of opium. It is given in doses varying from 10 to 70 grs.; 20 grs. being considered a medium dose.

Hypodermic Injections maintain their ascendancy with us as a remedy in all the severer forms of pain and suffering. The Sulph. and Acetate of Morphia are almost exclusively preferred. The Sulphates Quinia and Atropia are occasionally, though rarely resorted to. They are seldom applied to the seat of pain, the arm being found to be a more convenient locality, and the effect as satisfactory as when inserted directly in the diseased part. Regard is paid more to the effect than quantity of the article used.

QUINTON GIBBON, Reporter.

SALEM, N. J., May 14, 1874.

CAPE MAY COUNTY.

To Chairman of Standing Committee, &c.:

I have little to report from this County, of any interest. I am in much the same position as one of your Reporters from another County,—I cannot induce my medical brethren to "shovel." For two years I have written to each of them separately, sending a copy of the "Transactions," and have failed to receive any reply, except in one instance.

So far as I know, the medical history of the County for the past year does not differ materially from other years. Perhaps there has been less sickness. In my own part of the County it has been more healthy than for a number of years. The epidemic of Measles, which was so extensively prevalent at the time of last report, died out apparently for the want of material, and must remain dormant for a number of years, until sufficient "material" accumulates to make a respectable epidemic; which "material," however, I am happy to say, continues to arrive in the old-fashioned way and about the usual numbers.

The summer passed with a very moderate amount of bowel

affections, either among children or adults. The fall gave us rather more remittents and fewer intermittents than common. Quite a respectable epidemic of Mumps prevailed through the late fall and early winter, remarkable for nothing unless the violence of their inception, in many cases prostrating the subject with fever for one or two days before the swelling of the glands manifested itself. Whooping-cough we have had, too, during the winter; but, in uncomplicated cases, yielding to the bromides and belladonna. This embraces about all of interest during the year. But at the present writing we are having a severe time with epidemic Catarrh, more especially among children, running from slight "colds on the breast" up to lobular pneumonia in children, and pneumonia and pleurisy in adults; not fatal, for the most part easily yielding to treatment. A few cases, however, have proved very severe and obstinate. As yet, I know of only two deaths, one of these from the congestive fever, and the other complicated with whooping-cough. In reply to your enquiries as to "our" observations upon Chloral Hydrate, I can only give you my own and the few brethren that I can reach personally. With us our impressions are not favorable. It disappoints us as frequently as it answers our expectations. As to the use of Hypodermic injections, "our" experience only covers the two articles, morphia and strychnia. We find we can secure the effect desired in a few moments, while by the mouth hours would be required. I saw a beautiful illustration of the advantage of this method of treatment in the use of strychnia to subue the nervous irritability that often attends cases of In the one I have no doubt that life typhoid disease. was saved by a hypodermic injection of 1-20 gr. strychnia every six hours. In another case, when extreme restlessness was present in a typhoid fever and inability to sleep, 1-20 gr. strychnia put under the skin quieted the restlessness and induced sleep after "chloral" and "opium" had both failed.

As to the third inquiry, we can only say that none of us in these parts have known an instance where the prescriptions of the physicians have had any tendency to "make drunkards."

V. M. D. MARCY, Reporter.

SUSSEX COUNTY.

To Chairman of Standing Committee, &c. :

Your reporter will have to reiterate the old complaint, having elicited but five responses from the 28 members of the Society, and residing, as I do, in the most northern and isolated portion of the county, I can give you but an imperfect account of the past medical year. In my own practice, last spring, Cerebro-Spinal Meningitis prevailed to some extent; the cases were probably of a mild form, as they all recovered. Some I treated about two weeks; one, a young man, was sick about six weeks. I prescribed, principally, cincho quinia, tr. fer. chl. and blisters, with a full, generous diet. One other case I heard of, occurred in the practice of a neighboring physian, it terminated fatally. The winter and early spring was particularly free from the usual pneumonial and bronchial affections. Pertussus was epidemic, which I positively mitigated and shortened by the free use of cincho quinia.

Just now, and for the past four months, Scarlatina has been prevailing, and I have treated more cases in the length of time mentioned, than I have in the whole 8½ years I have practiced in this locality; it is of the anginose and simple variety. I have treated them with spts. mindereri and quinia, with local applications of ice to the neck; as soon as the throat was complained of, a large bladder is opened at both ends, and tied around the middle by a broad band an inch or two wide, thereby forming a pair of saddle-bags; this is filled with pieces of ice and the ends tied firmly with tape; it is now

fitted close under the jaws and secured around the head by the tape strings, to keep it in position; it should be continued until all danger is past. I sometimes have to put a piece of muslin between the bladder and skin, when the cold is much complained of, but it will only be required for a short time, as the ice soon becomes tolerant, and the little sufferer is grateful for the application. I am somewhat explicit about the ice bag, as it may, but should not be, new to some of the profession. Applied properly, I am satisfied, it is one of the very best of local applications, and I give it precedence to all I have had but one fatal case, and none of them were attended with sequelæ. The usual malarial diseases, of which I have had more or less to contend with almost constantly for the past 8 years, manifest themselves in a singular variety of forms; in fact, nine-tenths of the diseases have malaria for their base. The little villain will lurk about in some secret corner, to be ousted only by that all potent remedy, quinia; there have been times when I prescribed nothing else for weeks, and I have used an ounce in a day and a half. I would here state that I am now using Cincho Quinia to the entire exclusion of the sulphate; it is prepared by Billings, Clapp & Co., of Boston, and I find it answers fully as well as the latter. I am perfectly satisfied with the result of my 3 or 4 years' experience; it costs a little over half the sulph. I give it in about the same dose. My plan in prescribing it, is to mix it with finely powdered gum guiac., thoroughly, in a mortar, one part of the quinia, with two of the guiac.; this I carry in my pocket, most frequently prescribing the powder mixed with honey, which entirely conceals the taste. I also form the same into pills in the sick room, which is readily done with molasses. It is claimed, (who first originated the idea I do not know, or I should give him full credit for it,) that the addition of the gum guiac. enhances its virtues, and prevents relapse.

Sixteen months ago, I removed an Epithelial Cancer from a woman's hand; it healed kindly by first intention. A year afterwards, she came to my office and called my attention to a slight prominence in the axilla of the same hand; this I pronounced cancer. Upon my next examination, three or four weeks afterwards, it had grown rapidly, and was hard and painful. Desired her to consult other physicians, which she did, and it was removed shortly afterwards by my friend, Dr. Ryerson, which, upon microscopic examination, proved to be true cancer. She has had a very slow convalscence, owing to great loss of blood from a difficulty of securing the vessels at the time of the operation; the wound is healing by granulation, and she is able to be about at this writing.

I do not often use Hypodermic injections of Morphine, but, wherever I have had occasion to, with a single exception, the results have been gratifying. Where an immediate impression is necessary to relieve pain, particularly when you have an irritable stomach to deal with, it is the remedy par excellence. I am satisfied I once saved a child's life from the poisonous effects of laudanum; it was pulseless and had ceased to breathe; I injected ex. bellad., dissolved (at the time) in water, in its arm; in a short time I had the satisfaction of witnessing almost a resurrection. I cannot recall any cases of drunkenness from prescribing alcoholic prescriptions; at the same time, I am extremely careful in prescribing it to young men, and would enjoin others to be on their guard, as I think the taste is acquired sometimes in that way.

Dr. Westfall writes that the past year has been one of unusual general good health. In speaking of malarial, continued and eruptive fevers, he says there have been fewer cases and of a milder type than normal. Diphtheria and scarlet fever prevailed in March to a slight extent; had one fatal case of each.

Chloral Hydrate has in his hands answered an excellent

purpose in allaying paroxysms of spasmodic asthma, quieting an irritable cough and inducing a refreshing sleep in cases of habitual noctural vigilance. Hypodermic injections of morphia he employs constantly where subduing pain is quickly indicated, and yet has to meet with his first ill effect. Alcohol he uses only in desperate cases, and as most of them die, he does not think he contributes much towards making drunkards.

Dr. C. V. Moore says he is not satisfied that he can trace a single case of confirmed intemperance to the use of alcoholic prescriptions. He uses Chl. Hydrate more especially in cases of Cerebral disease, contra-indicating the use of opiates. He thinks it useful in whooping-cough, in combination with belladonna and per mang. potass. He has had many cases of fever, mostly malarial, with a few of typhoid and continued; many were complicated with grave gastric and cerebral symptoms, mostly manageable with anti-periodics, and the efficacy of the quinine preparations seemed materially enhanced by the addition of gum guiac. He speaks of the increased prevalence of neuralgic affections as especially noticeable, and the persistent use of hypod. injects. of morphine and atropia and the internal exhibition of quinia sul. or cincho quinia and guiac. were ordinarily sufficient to effect a cure.

Dr. E. Mains considers Chloral Hydrate without a parallel in Nervous diseases of a paroxysmal character, such as hysteria, tetanus and epilepsy; he uses it in connection with brom. potass., and is satisfied he oftener succeeds in obtaining the desired result than when given alone; in painful nervous diseases, such as neuralgia, &c., he combines it with morphia, say \frac{1}{4} m. and 10 grs. chloral every four hours until relief is obtained. He reports a short but severe epidemic of typhoid fever, occurring last fall and winter—eight cases in three families. They were located within a short distance of each other and in sight of the Delaware river; he does not give

the local cause. I judge from his description of the cases, that they were true typhoid. I emphasize, as it is a rare disease in our county; we have almost perfect immunity from it. I have known of but three cases on this side of the Blue Ridge within 8½ years; two of these proved fatal. I judge the Dr.'s all recovered, although he does not say so. He speaks in very high terms of Tilden's elix. brom. calc. comp. in in cases of scrofula and chronic rheumatism, and has succeeded in benefiting his patients when all other remedies failed. He considers it an excellent alterative.

EUGENE SCHUMO, Reporter.

HYPODERMIC MEDICATION AND CHLORAL HYDRATE.

BY THOMAS RYERSON, M. D.

I have used a hypodermic syringe for at least ten years, and with the happiest results, and, further, without any accidents, except two cases of puffiness and inflammation, resolved without suppuration. I use it, invariably, in every case of acute pain, such as colic, or severe accident, or the invasion of pleuritis, or extraordinary after-pains, strangulated hernia, gravel biliary calculi, &c., &c. My reason is, that the absorbing functions of the alimentary canal, in common with others, are hindered, often suspended, by pain. That this is so, look at the parched mouth of a parturient woman. In these cases I use hypodermic to make a decided impression, and finish with the ordinary modes by the mouth, or rectum, or skin, as the case may demand. The syringe is useful also where the stomach is full of food, as just after a meal. I have used it twice also in cases of opium poisoning, to antagonize the narcotine with atropine. In one the result was very happy, in the other it was unavailing. This last was a case of puerperal peritonitis complicated with ursemic anasarcs.

I have used both glass and hard rubber cylinders. The glass has only one advantage over the other, it enables one to see whether his syringe contains air. But this can also be ascertained as to the hard rubber ones, which has these two advantages over the glass—the bore is truer, and the joints are tighter, and there is less leakage of air.

I shall take the liberty to give in detail the management of the syringe. First, it must be tight and smooth in its workings. Before attaching the the nozzle, the mouth of it must be closed with the finger, and the piston drawn out, and then released; if it flies back, the vacuum is complete. Then draw out the piston and try the reverse experiment, ascertain whether the piston can be pushed in permanently with the nozzle closed. If it is not in order, take it out and spread the packing with the fingers, taking care not to indent the edge of it with the nail, or it will surely leak. When in order, put on the nozzle tightly and fill very slowly. Hold the instrument perpendicular, nozzle up, tap it with the finger nail, and push in the piston slowly until it is certain that only liquid exudes. If any air has found its way within, replace it with the liquid. If the syringe is a new one, test its graduation by emptying it into a correct minim graduate. It will probably be erroneous; but this is of minor consequence, because a simple calculation gives, once for all, the number of minims corresponding to its divisions. Be sure that it is clean. I have heard of using it, in an emergency, as an exploring trocar. Such use would contaminate the packing beyond the possibility of certain cleansing, and expose the patient to the risk of septicæmia.

In introducing the nozzle, avoid the usual situation of venous or nerve trunks. Put the nozzle well into the areolar tissue, and then withdraw it a little so that its end may be free, and that there may be a passage for the fluid along its side into the tissues. The finger ought to press on the nozzle, at its entrance, to prevent exudation of the fluid.

I have been thus minute, because I have more than once known a practitioner disappointed in consequence of throwing in more air than liquid, by being ignorant of the capacity of his syringe.

I keep always on hand two solutions, viz.: Magendie's solution of morphia sulphat., and atropiæ sulphate gr. ij. to the fluid ounce. The acetates are a little more likely to become mouldy. By the way, I dispense morphia always as Magendie's solution, carrying with me a minim graduate, and thus add the requisite quantity to a definite number of actual teaspooonfuls of rain water. In making the solution I put the \(\frac{1}{2}\) of an avoirdupoise ounce into twenty-seven fluid drams of distilled water. Powers and Weightman's packages are very reliable, as containing fifty-four grains. This solution is apt to become a little mouldy, for it is impossible to keep distilled water free from germs, even if they did not go over in the distilling process. But if the morphia is present as a sulphate, it will not be impaired. But the mould is an annoyance in the nozzle of the syringe, and might possibly

be dangerous if thrown into the tissues. I have not yet tried the preservative effect of glycerine, or of the officinal medicated waters—that is, those impregnated with essential oils.

I forgot, in the proper place, to state that during the past year, I used the syringe every night for a patient 75 years old, having cancer of the rectum. This was used to supplement tr. opii., twice repeated during the day. The inference I draw from this case is that sedatives administered hypodermically are longer efficient in a uniform dose than when administered by the mouth. The tr. opii. in this case was officinal, made of opium dried in a steam oven, and powdered before weighing. The dose of it had to be increased to \frac{1}{2} fluid dram; whereas, the injection was maintained at 18 minims after it had reached that amount. This seldom failed, but the laudanum often did; sometimes both would fail. In this event I resorted to chloral hydrate.

This brings me to the other question of the Standing Committee, namely, my experience with this last-named remedy.

I reply that it will certainly procure sleep in many cases if given in sufficient dose, and that it will act within 20 or 25 minutes. If it does not act by that time, the full dose must be repeated. I have given it, dissolved in water, in dose of 20 grains, usually with effect. Sometimes, however, it requires repetition once, rarely twice. Whether or not it acts by being converted into chloroform, it acts like that agent in suspending sensibility, with the difference of procuring a seemingly more natural sleep. The patient will sometimes awake once or twice, for a moment, and drop asleep again as suddenly as at the first. I have never given it when cerebral congestion was present, or was feared, and doubt if it would be admissible. The patient seems to be oppressed after its primary effect goes off, and I think it interferes with the secretion of the digestive fluids. I have never seen any serious injury produced by it; and I have found it, as above stated, a very useful adjunct to opium in painful chronic incurable disease. Its action is rather more speedy when given after an ineffectual dose of laudanum, which it is intended to supplement thereby.

CHLORAL HYDRATE AND HYPODERMIC MEDICATION. BY E. W. MAINES, M. D.

I have for the last eight years used Chloral Hydrate quite extensively, but seldom use it in any but nervous cases, and, like chloroform, I never use it when I suspect any determination to the brain, nor do I use it in cases where

there is organic disease of the heart or lungs; but, from my experience, I consider it one of the best remedies in the materia medica for all nervous complaints, especially those that are paroxysmal, as Hysteria, Tetanus, Epilepsy, &c. I consider it without a parallel in all nervous affections occurring in paroxysms. I almost always use it in connection or combine it with Bromide Pot. I am satisfied, with the opportunities that I have had to test its value, that combined with Bromide Pot. it will often succeed; when given without the Bromide, it has failed to meet my expectation. I would recommend, in all cases of Hysteria or Tetanus occurring in paroxysms, to give it with the Bromide Pot.; but in cases of neuralgia, or any other painful nervous affections, I have been in the habit of giving it with Morphine. I think that Morphine increases its anodyne effects in a great degree, as I shall endeavor to show you when I cite a few cases.

Some years ago, I had a very severe case of Neuralgia of the Stomach, in the person of a man aged 30 years, whose health had been previously bad. I tried Hoffman's Anodyne and Chloroform without any good effect. I next tried Morphine in about one-third grain doses; the Morphine seemed to mitigate his pain some, though not in any great degree; finally I gave him one-quarter grain Morphine, with ten grains Chloral, every four hours, which soon relieved him, and he was well in about three days.

A few months after the first case, I was called to see a young man threatened with Lock-jaw, (Trismus,) from a very painful cut in the foot, (instep.) I found him laboring under the most excruciating pain, so that his cries and groans could be heard several yards from the house; his jaws were partially closed with almost complete rigidity of the masseter muscle, with some prostration. I immediately gave him Chloral Hydrate, 15 grains. Stayed with him for 2 hours. One hour after the first dose, gave him 15 grains more, without any perceptible relief. In 2 hours more, (i. e. four hours from the first dose,) I gave him, or rather ordered him, one-quarter grain of Morphine with 12 grains Chloral, every 3 or 4 hours, till I could see him in the morning. I saw him the next morning, about 10 hours from the time I left him, entirely relieved from his threatened lock-jaw; I of course ordered an emollient medicated poultice to the wound. I am satisfied the result would not have been so favorable without the Morphine.

The next was a case of Tetanus idiopathic in a girl aged 15, the paroxysms coming on every 10 minutes, with some stiffness of jaws, (Trismus,) with great rigidity of the muscles of the back, (Opisthotonos.) When the paroxysms were off, she complained of great pain in the gastric region, running through to the back. I commenced giving her 20 grains Bromide Pot. every

4 hours, alternated with 15 grains Chloral, to be continued for 24 hours. Whe I saw her again, was no better; ordered the same treatment to be continued with one-fifth grain Morphine given with the Bromide Pot. and a blister to the epigastric, to relieve the severe pain that she complained of. Saw her again in 24 hours; was no better; I then gave her 20 grains Bromide Pot. and 15 grains Chloral combined, every 4 hours, alternated with one-quarter grain Morphia. Saw her next day, when she was much better; had had but few paroxysms during the night; ordered her same treatment. Saw her again in about 36 hours, was still better; same treatment was continued for about 3 days longer, when she was about well.

The next was a bad case of Hysteria, i. e. paroxysmal or convulsive, which bore a strong resemblance to Tetanus. In this case, as in the other, I gave Bromide Pot., alternated with Chloral, every 4 hours for 2 days, without any great benefit; after which I gave her 20 grains Bromide Pot. and 10 grains Chloral combined together in some sweetened water, every 4 hours, alternated with a teaspoonful Ammoniated Tinct. Valerian, which relieved her in about three days. In this case the change might have been due to the Valerian, but as soon as the medicine was withheld the disease returned, and it was 4 weeks before she was entirely well; but after the first week, the paroxysms were less frequent and very light, but yet the slightest excitement would bring it on.

I have used Chloral twice in Mania-a-Potu, (Delirium Tremens,) but was disappointed with it in one case altogether; but in the other it acted like a charm, especially when I combined it with Morphine.

I would not report to you so many cases, only to prove to the profession what I said at the onset, namely, that in all nervous affections occurring in paroxysms, as Hysteria, Tetanus, &c., the theraputic effects of Chloral are increased by combining it with Bromide Pot.; and that in all cases where we want the hypnotic and anodyne effects, as in neuralgia, delirium tremens, &c., it is doubly increased by uniting it with Morphine. At least such has been my experience for the last two years. I sincerely hope that those who have not tried it will do so and be convinced as I have been.

As regards hypodermic injections, I have had but little experience. Have not used it until last year; since which time, I have used hypodermic injection three times in cases were I wanted the anodyne—morphine, and the stomach was too irritable to give it, per naturales, in two cases it acted like a charm, but in the other I could see but little, if any benefit. These three cases were all cases of neuralgia.

My practice the last year has been remarkably free from epidemics. Had

a short, but severe, epidemic of Typhoid Fever, last autumn and winter. Had eight cases in three families; 3 in one family, 3 in another, and 2 in the other; all were situated in sight of the river Delaware. The disease was marked from the outset with great prostration and emaciation, and all but one had that painful and tympanitic abdomen, and severe epistaxis, pulse ranged from 120 to 180 per minute. I also noticed the rose-colored eruption in all but two cases. The disease lasted from 4 to 10 weeks, though convalesence was established at the end of the third week. In all but two cases my treatment consisted in giving tonics and stimulants, almost always from the onset, with astringents and anodynes to check the diarrhea, plenty of good nourishing food, such as beef essence and tea, milk, gruel, corn starch, &c., &c.

I would like to report to you something concerning Tilden's new Alterative, namely, Iod. Bromide Calcium Comp., but time and space forbids, but would merely say that in cases of Scrofula and Chronic Rheumatism, I have in two or three cases succeeded when all other remedies failed to do any good whatever. One case of scrofulous ulcer I gave the Elixir Iod. Bromide Calcium Comp., internal, for about 5 weeks, and found at the end of that time that I received more benefit than I did for 6 months with all the other scrofulous remedies. I am using it quite extensively where I need an alterative. I hope at the next meeting of the District Society, to report more fully my experience with this new alterative.

FLATBROOKVILLE, May, 1874.

UNION COUNTY.

To Chairman of Standing Committee, &c.:

In attempting to give you the medical history of Union County for the year ending May 15th, 1874, the fact that there exists among many of our medical men a want of interest in the cause for which our State and County Associations are formed, impresses itself upon me.

It cannot be possible that twelve months have passed in the practice of the youngest physician among us, without the occurrence of something which would be of general interest to medical men, and which, if made known, would tend to-

ward the advancement of our profession; and yet, after repeated calls from your reporter for aid from the different sections of our county, in recording facts and conditions, which should be preserved and made known, but few have responded to the appeal, and much valuable information must necessarily be lost.

I am led by these considerations to ask, should it not be just as much a requirement for continuance of membership, that every member should present at each county meeting, at least one case or one fact pertaining to the wide field of medicine and surgery, as it is to pay the annual fee?

Would it not tend to make us closer observers, better physicians, and improve the standard of professional character?

Our regular meetings as a Society are becoming more and more interesting as the necessity of mutual contributions is impressed upon the minds of the members. It is in a flourishing condition, increasing its membership, strict in the enforcement of discipline, and has been disturbed during the year by no very considerable jar.

The testimony, so far as obtained, throughout the county, marks the year just closing as one of unusual health for our section. There have occurred local epidemics, which have not been of long duration.

In the city of Elizabeth we have seen a marked decrease in the prevalence of periodical fevers during the last summer and fall months. This is accounted for by the majority, from the fact that city improvements, in the shape of opening new streets, sewering, &c., (thus exposing fresh damp earth to the direct rays of the sun,) have not been carried on to so great an extent as in the last three or four years; and to the filling up of sunken lots, and also to the peculiarities of the weather. The greater number of our members hold to the so-called malarial origin of intermittent fevers, while some of the oldest and most experienced of our number believe that they are not en-

demic, but epidemic diseases, produced by a similar correlation of forces as exist in the prevalence of cholera and yellow fever.

The experience of last summer tends to prove that moisture is one of the necessary factors in the production of malarial fevers; for during the early part of summer when the rain fall was comparatively slight, these fevers were present only in a small degree; but after a week of almost continuous rain in the latter part of the summer or early fall, intermittents prevailed to a much greater extent.

Dr. F. A. Kinch, of Westfield, reports that in that section they have been "remarkably exempt from epidemic diseases, excepting malarious," of which they have "had more during the past year, than for the last eighteen years." He also states that these fevers have been readily controlled by the usual remedies, such the various alkaloids of Peruvian bark, and that the only cases that have assumed grave symptoms, have been those in which persons have taken their cases in their own hands, and have resorted to the various nostrums of quacks.

Dr. Selover, of Rahway, reports that no disease has prevailed in that locality to so great an extent as to be entitled to the name of epidemic, except it be perhaps in the ever recurrent intermittent fever. He says, "a noticeable feature this year, as well as last, has been I think in the *persistency* of the attacks, and the strong tendency to a recurrence, generally in fourteen or twenty-one days, and occasionally sooner."

The Dr. attributes its increase and obstinacy to the exposure of fresh earth, necessary in making street improvements.

Rubeola has prevailed throughout the city of Elizabeth in the form of an unprecedented epidemic during the late fall and winter months. Dr. Louis Braun, of Elizabethport, reports that up to January 7th, he had met with over one hundred cases in his own practice. From three to four per cent. of these cases were complicated with bronchitis, or pneumonia, or both. The complicated cases yielded to proper treatment, if attended to in time. Two cases died from the complication of pneumonia, in both of which hepatization had already taken place at his first visit, and death occurred within thirty-six hours. Whooping-cough has also been a complication in a number of cases, in the treatment of which he says he has found bromide of potassium very useful in continued doses, lessening the frequency and severity of the paroxysms, and shortening the duration of the disease. The virulence of this epidemic of measles is shown in the fact of its repetition in the same individuals. Dr. Oakley reports several cases of this kind occurring in his practice. About four years ago he attended three children, sick with measles, in the same family, and during the last winter attended the same children with the same disease. Their ages were from 7 to 18 years. Dr. J. S. Crane has met with similar cases.

Whooping-cough has prevailed in some sections of the city of Elizabeth to considerable extent. I consider the hydrate of chloral as the most valuable remedy we possess in the treatment of this disease, especially in children, administered as early as possible after the whoop appears, and continued at regular intervals of from two to four hours. Improvement is usually very apparent within two days, in the majority of cases. Where the cough has existed for a long time, its effects are not so apparent, and in some of these no benefit is derived. The great difficulty in its use arises from the fact that parents are not sufficiently careful to administer it at the regular intervals as directed, but allow the effect of the preceding dose to pass away before giving another.

Two cases complicated with pneumonia, in the same family, proved fatal in my practice. In one of these the cough had existed for more than two months, the parents preferring to stick to the old idea, that the disease must

run its own course, rather than adopt any systematic treatment.

Pneumonia occurred in my practice to an unusual amount, especially among children, during the prevalence of cold, dry, dusty winds in March and April last, among neglected children. All recovered under the following treatment: tinct. veratrum viride (Norwood's) to control the febrile action; the free use of quinine and carbonate of ammonia. Beef tea, milk, milk-punch and external application of hot flaxseed poultices and the tinct. iodinii, with oil silk jacket.

Dr. Kinch reports that pneumonia has been the prevailing disease in Westfield during the winter months, especially among children. In many families, when once started, not a member escaped; but, although many serious cases have occurred among adults, only one has proved fatal: a young man aged 29 years, who had suffered from a similar attack two years previous, at this time terminated in double pneumonia, and proved fatal in five days' sickness. The treatment I have found the most successful is the conservative or restorative.

Of enteric diseases we have not had an unusual amount.

Cholera Infantum prevailed somewhat during summer, but in the majority of cases yielded to proper treatment.

My own experience convinces me that in this disease, safety lies only in checking the bowels at once, and arresting any cephalic disturbance that may arise by the use of bromide of potassium or other appropriate medicines.

Dr. Oakley prescribes, as suggested by Dr. Lehlbach of Newark, carbolic acid in this disease, with good results, and considers it of great value. Three cases of chronic diarrhea were met with in my practice, in children, which were successfully treated with Lugol's sol. gtt. i.—ii. ter in die. One case of a boy three and a half years old, where the disease had existed for nearly two years, and had resisted the treatment of five physicians, was cured in four days. This child had had

as many as from eight to twelve passages daily, for this long period; but four days' use of Lugol's sol. brought about a perfect cure, with no return. The other two were of shorter duration, but the same treatment produced the same marked result. Dr. Selover, of Rahway, reports that dysentery appeared in a very severe form in certain localities of that section, and were very intractable, with some fatal results.

Dr. Kinch, of Westfield, reports a remarkable exemption from enteric diseases, and in speaking of our autumnal dysenteries, says: "I have often found the best results in the treatment of dysentery by the use of quinine."

A case of swelled testicle, in a child two years old, occurred in my practice, in conjunction with parotiditis. I mention this fact, as it is doubted whether these two affections occur simultaneously in the same patient, the one originating by metastasis from the other; and Flint, in his "Theory and Practice," states that he has seen but one case.

Of small-pox there have not been sufficient cases in Elizabeth, of which to take note. Only three or four have occurred, and they of a mild form.

Dr. Selover, of Rahway, says, "variola visited us in a sporadic form, being in each case, I believe, confined to the locality where it first appeared."

Variola appeared in Westfield in a somewhat peculiar manner, as will be seen by Dr. Kinch's report, which is full of interesting points and wise conclusions. Of scarlatina we have had our usual amount and of a mild form.

Dr. F. A. Kinch reports a case where the face at the outset was of a deathly pallor, with no eruption upon it, but the characteristic eruption of scarlatina very profuse over the body and extremities. On the third day after the eruption appeared on the body, erysipelas made its appearance on the side of the nose, spreading rapidly over the face and scalp. Each disease ran its usual course and developed its usual symptoms.

Dr. J. O. Pinneo, the County Physician, reports 20 deaths by railroad accidents; 6, by drowning; 7, found dead by disease; 8, stillborn; 2, by convulsions, children; 2, by explosions; 1, by freezing; 2, by suicide; 1, by burning; 1, by horse car accident; 1, by intemperance; 1, by old age: making a total of 47 deaths.

As to the use of hydrate of chloral, a difference of opinion exists, some of our members seldom using it and considering it an unreliable and dangerous medicine, while, on the other hand, some esteem it of great value and would not be without it.

Dr. Silvers, of Rahway, expresses himself well pleased with the combination of morphine with hydrate of chloral, and obtains "very excellent effects."

Dr. Tomlinson, of Plainfield, stated in one of our meetings that, as to dose, he never gives over ten grains at once, and that a patient of his addicted to the opium habit, was entirely weaned from the use of it by small and increasing doses of chloral.

I can also give testimony as to its value in soothing a patient who has been addicted to the use of morphine for several years, and who has taken as many as twenty grains at one dose. Being called to attend this patient, ill with another disease, I prevented effectually, and at once, the use of narcotics in any form, and substituted the hydrate of chloral. This was used for three days and then entirely stopped, and the patient is now gaining rapidly. I seldom use it alone except in whooping cough in children.

For adults I always give it in a solution which is one half of some thick syrup, and never in a dose exceeding fifteen grains, usually combined with potassæ brom. I have used it continually in my practice for three years, and have never met with bad results. In the treatment of delirium tremens, I find that in many cases it is not powerful enough, although combined with potassæ brom. in the proportion of 15 grs. chloral and 80 grs. of the bromide, to produce sleep when repeated even as often as every hour.

I have seen its effects, given in doses as high as 120 grains, to the insane, and believe that all the good effect that can be obtained from any one dose, can be got from fifteen grains. I consider it a very valuable remedy, and would not be without it.

In regard to the use of quinine by subcutaneous, injection, Dr. Selover states, that it "has been in a measure successful." In a few cases in which I have tried it I have been very much pleased with the result. If administered during the chill, I have seen the shivering cease before I had withdrawn the needle, and a feeling of warmth and comfort to succeed.

In several cases the hypodermic injection of three grains of quinine has prevented the paroxysm just two weeks. In one case considerable soreness resulted at the point of insertion, which was simply troublesome.

Dr. J. A. Coles, of Scotch Plains, reports a singular case of death, occurring in a man aged 50 years. When a young man he inspired a small head of wheat, which rankled in his lungs for three years, and was finally either vomited or expectorated. After that he had the most robust health and strongest nerve. About New Year's, 1873, a sudden straining produced trouble in the chest, from which he slowly sank away. The autopsy revealed the fact, that the old cicatrix had reopened between the right bronchial tube and the æsophagus, and that the food he swallowed was regurgitated through the bronchial tube and trachea, being coughed up after having been swallowed.

As a Society, we have been called to mourn the loss by

death of one of our oldest and most eminent members, Dr. Samuel Abernethy, of Rahway.

An obituary record prepared by Dr. Hough, of Rahway, and Dr. Whitehead, of Elizabeth, accompanies this report.

THOMAS N. McLEAN, Reporter.

ELIZABETH, N. J.

COMMUNICATION BY L. W. OAKLEY, M. D.

On the 18th July, '72, I was called to see B. H., aged 21 years, of good habits and constitution. He had been ill for a few days, and now presented marked symptoms of Typhoid Fever. In spite of the best nursing, and such treatment as was deemed judicious, he died on the ninth day. During his illness, all the members of the family, consisting of father, mother, four sons and a daughter, were more or less ill, with symptoms of malarial or sewer poisoning. It was deemed advisable that the family be removed to another locality, being assured that some local cause was the origin of the disease. No members of any other of the families in the neighborhood were affected. Attention was directed to the sewers of the house, which were superficially examined, without finding anything wrong; a negligence which proved fatal at a later period. Two children, aged about fourteen and eleven, were sent to a distance, and with surroundings perfectly healthy. Within four days their disease also assumed typhoid symptoms, and both died within four weeks, under the judicious care of a relative. The youngest son, in his fifth year, was seized with the same disease the third day after the death of the first and oldest son, and after a lingering illness of nearly four weeks, recovered. He was at a relative's in the neighborhood of his own home, under my care. The father, having occasion to visit this young son after nursing the two who had been more distantly removed, till the death of one of them, was also stricken down, but recovered. The family, thus reduced by the death of three of their number, returned to their original house in January, '73. In the middle of February, a son, aged 19 years, was taken with symptoms similar to the others and died after an illness of four weeks. The house was then left permanently. After an interval of some months another family moved in. Before they had long occupied it, more or less of them were ill, and another and more thorough search was made for the cause of all this sickness and fatality. The drains from the

bath-room, water-closet, &c., ran inside, and in a corner of the cellar, where they were supposed to connect with the main sewer leading to the street.

This connection was found to be completely interrupted just under the bottom of the cellar, permitting all the flow from above to percolate through and impregnate the ground around. No less than two cart loads of this filth were removed before sound, healthy earth was reached. So fearful was the odor from it that the laborers could bear to work it but for a few minutes at a time.

The case is a remarkable one, but the writer is impressed with the fact, that in very many of our best residences, improperly constructed drainage and connections will account for very much dangerous sickness.

ON THE NATURE AND TREATMENT OF SMALL-POX.

BY SHERMAN COOPER, M. D.

In discussing this subject I shall regard Small-Pox in two phases: first, as a general disease, and secondly, as a local affection. In small-pox we first have a general fever, more or less severe, which has no corresponding relation to the amount of local affection; but is, in my opinion, more dependent on the state of the patient's system. This subsides on the third or fourth day simultaneously with the appearance of the eruption.

The disease has, so to speak, now transferred its virulence or poison to the papular eruption, which now covers the akin. These papulæ contain the elements of the disease, which in the ordinary course is eliminated by inflammation and pustulation, which to a greater or less extent destroys the functions and texture of the skin. In this inflammatory and suppurative process, which produces the secondary fever, and in severe cases endangers life, I now propose to state a few clinical facts, as regards the local treatment of these papulæ.

I have treated eight cases of small-pox, in the last few weeks—three unvaccinated and confluent, and five of modified variety—by bathing the patient with a solution of Potassium Sulphuretum, with the effect of arresting the eruption and eliminating the poison, and leaving no marks or traces of the disease behind. I called my friend, Dr. Gillette, in consultation in these eight cases and showed him all stages of treatment. He pronounced them all well defined cases of small-pox.

There is considerable difference in the amount of bathing required in different cases. The more severe and inflammatory the case, the more the bath has to be applied. If it is so faithfully applied that suppuration is prevented, no secondary fever follows, and the tubercular masses scale off and disappear in a few days, leaving no marks.

WESTFIELD, January 5th, 1874.

THE EPIDEMIC OF VARIOLA IN WESTFIELD.*

BY DR. F. A. KINCH.

Dec. 1st, 1878, at 8 o'clock P. M., I was called to see a patient, C. S., aged 65 years, who for two or three days previous had been complaining of a bad cold.

I found him with a high fever and very florid countenance, highly erysipelatous in its nature, difficult deglutition, great restlessness, throat very sore, distress in the head, no pain in the back, no vomiting, and wandering about the house. I prescribed the foot bath of hot water with mustard and salt, hot fomentations to the throat, febrifuge of potass. chlorat. and spiritus nit. dulc., and a gargle of potass. chlo., to be frequently repeated through the night.

Called at 8 A. M. of the next day, and found the patient sitting in a chair, his face still of a deep purple hue, of one uniform color and smooth surface, slight delirium, but was able to go up an ordinary flight of stairs. During the day the delirium became furious, and the patient quite unmanageable, and the following night he sank into deep coma. After the first evening that I saw him, he positively refused all medicine and nourishment, and died on the fifth day.

On the second day that I saw him, petechiæ and vibices made their appearance on the chest, and from day to day extended over the whole body; and a few hours before he died, the erysipelatous purple hue extending from the head and face downward, until the whole body was completely enveloped with but the one uniform color—the petechiæ and vibices all disappeared wholly, and there was not a pimple, vesicle, pustule or scab that presented to the surface, and there were no hemorrhages from any of the mucous surfaces.

This person had been a patient of mine for the last fifteen years or more.

^{*} Taken from an address delivered before the District Medical Society of Union County, April 7th, 1874.



He was almost constantly suffering from a chronic pustular disease, "he had named it erysipelas," and was often resorting to medicines to purify the blood, and to zinc ointments to allay the intolerable itching. During the last three months previous to his last sickness, he had two attacks of intermittent fever of a congestive character. He was living near low marshy grounds, and of course in a malarial atmosphere.

On the 10th and 11th days from the death of C. S., I was called to see four patients, who had been sick for three days previous; adults, aged from 55 to 74 years, all similarly attacked; great restlessness, pain in the back and head, and fever of a remittent type. I prescribed a cathartic, to be followed with diaphoretics. On the second day there were papulæ under the skin, and on the third day vesicles made their appearance on the head and face, in all the cases except one. Of these four, three resulted in discrete variola, and the disease took its natural course, requiring but little medical treatment, except good care and proper nourishment.

One case was a second attack after inoculation; another, in which the vaccine disease and varioloid ran together, each taking its regular course, and terminating favorably to the patient. All the members of the families where the disease broke out were vaccinated, and there was no spreading of the disease in any of the families that I continued to attend. In four weeks from the time I first visited them they were discharged, well.

On the morning of December 16th, 1868, Rev. P. E. C., aged 58 years, sent for me to come and see him. Had been complaining for two or three days of what he supposed to be a cold, which was on the 8th or 9th day after he had seen C. S. for the first itime. Had no pain in his head, mind clear, but little or no fever, considerable pain in his back. Treatment:—cathartic, afterwards stimulants and quinine, mustard sinapism. At night vomiting commenced and continued till morning, and then ceased. On the third day, instead of vesicles or pustules making their appearance, petechiæ and vibices instead, first on the chest, and continued to spread over the whole body. On the evening of the 19th, observing these grave symptoms, I telegraphed to Dr. Stillman, and on consultation considered it a very malignant case, and the prognosis bad. Prescribed stimulants for the night.

On the morning of the 20th Dec. the symptoms becoming more alarming and strength gradually failing, I summoned Dr. Stillman, of Plainfield, and Dr. A. Coles, of Newark, in consultation, which was held at 12 o'clock, M. We found the patient perfectly conscious, conversed intelligently, no pain, the whole body and extremities covered with vibices and petechiæ, the surface perfectly smooth, with no vesicles or pustules.

This was evidently a malignant case of blood poisoning. Treatment advised:—continue the stimulants, milk punch, beef tea. On the morning of the 21st, hemorrhage from the bowels commenced, and he rapidly failed and died on the morning of the 22d, after five days of sickness.

I would like to call particular attention to the cases of C. S. and Rev. P. E. C. I regard these cases as not only complicated, but masked, the true type of the disease hidden from view. If there was variola, there were none of the characteristics as laid down in the books of modern writers. Both of these patients had during the preceding three months suffered from malarial disease. For the last year they had spent a great part of their time in low marshy soil, and each of them had had two attacks of congestive chills followed by fever. Was it not, perchance, the presence of this poison, mingled with that of variola, that caused these cases to assume so much more malignant and fatal a type than any of the others?

The supposition that the two poisons can exist in the system at one and the same time, is not inconsistent with the opinion of many medical writers both in this country and in Europe.

These cases, although somewhat similar in many respects, yet in equally as many, they were dissimilar.

In the one, wild delirium and coma, with high erysipelatous inflammation, and no hemorrhage or discharge of any kind from any of the mucous surfaces. In the other, the presence of vibices and petechiæ, with no apparent fever, terminating in profuse hemorrhage from the mucous surfaces, while the mind remained perfectly tranquil and clear up to the last moment of his life. The patients attacked with the disease, all visited the house of the former patient, C. S., and I have since learned that the contagion was prevalent in the house for three weeks previous to the death of C. S.

WARREN COUNTY.

To Chairman of Standing Committee, &c.:

The members of our District Medical Society have responded very generally to my application for material for this annual report. From their responses, I infer the summer and autumnal portions of the statistical year to have been healthy, whilst the winter and spring months have kept the profession

well employed. Mention is made of the prevalence of Pleuro-Pneumonia and Diphtheria at Hackettstown; of Scarlet Fever and Measles at Stewartsville; of Intermittent and Remittent Fevers, with here and there a case of the Typho-Malarial form, and Pneumonia at Belvidere; genuine Typhoid Fever cases have been dealt with at Hope; in other parts of the county, in the absence of epidemics, the kinds of work have been numerous, and notwithstanding the mildness of the winter was strongly in contrast with the severity of the previous one, yet the amount of general sickness was far greater.

As practical matter relating to the treatment of the diseases mentioned, I select as follows: Dr. S. S. Clark, of Belvidere, says, "That almost all cases of Pneumonia were successfully treated on the principle that it is a self-limiting disease, needing only sustaining and quieting treatment. This has been done by giving opium, in one or the other of its forms, to the point of relief from pain and restlessness. Verat. Viride or Digitalis as a heart quieter, stimulus and nourishment as each case demanded."

In the epidemic of Scarlet Fever and Measles in January and February of this year, Dr. P. F. Hulshizer writes: "In some few cases scarlatina would in a week or ten days follow measles; both diseases assumed a manageable type and yielded readily to treatment. I urged all my patients to drink freely of cold water; giving Nit. Potass., and fld. ext. Gelsem. at intervals of four to six hours. I regard the use of cold water in these diseases as very essential treatment."

Dr. J. S. Cook, of Hackettstown, has had several opportunities to test the utility of the Plaster of Paris bandage, in cases of the fracture of the thigh and leg, with results entirely satisfactory. In a case of fracture of the femur in a boy six years of age, of nervous temperament, the best possible result was attained; and similar success was had in a case of

compound fracture of the fibula with dislocation of the ankle joint.

Answers have been returned to the subjects referred to the profession; Drs. Cook, Crane, Clark, Paul, P. F. Hulshizer and W. M. Hartpence giving their observations. First, upon the use of Chloral Hydrat., Dr. Cook says: "I use it occasionally in nervous patients, and find unpleasant effects but rarely; I combine it with Brom. Potass.; seldom give more than ten grains of each in cases requiring a nervous anodyne." Dr. Clark "has used it extensively, but it has disappointed so often that I now use it less frequently; still, I believe it a valuable remedy, conjoined with good nourishment, in cases of high nervous excitement, dependent upon exhaustion of nerve power, notably cases of Puerperal Mania and Delirium Tremens; Brom. Potass. and Morphia, combined, will do for me, in most cases, all I ever saw claimed for Chloral." Hartpence "has used Chloral in cases of Mania-a-Potu with most satisfactory results." Dr. Paul's opinion is unfavorable: he now "uses it but very seldom; I have had more good effects from it in Neuralgia than any other disease." Dr. Crane says "its effects are uncertain, it producing, at times, an alarming state of prostration, and, in one instance, a fatal result followed the administration of a small dose." Your Reporter uses it seldom; he is careful in giving it in lung affections and in enfeebled action of the heart. In the restlessness of Chronic Phthisis, although its hypnotic effects are speedy and so far satisfactory, yet the succedanea are unpleasant, it leaving a prostration of nerve power, and a congested pulmonary circulation. No mention is made of its effects upon Asthma.

To the second query, concerning Hypodermic Injections, all the above named gentlemen have given their experience, and speak unanimously in praise of this method of medication; of the promptness and efficiency of its action, especially in the use of Morphia, to which their observations mostly relate; its saving of time and the speedy relief it gives in cases of violent suffering. The amount given varies. Dr. Clark begins with 1-6 gr. of Morphia; Dr. Paul uses 1 to 1 of a grain; Dr. Cook's quantity is from 5 to 30 minims of Magendie's Soln. He also mentions a case in which a fatal result followed the hypodermic injection, but this would seem to be due to other causes than the sole effect of the anodyne. notes of this case he gives, viz.: "The patient was a man of nervo-bilious temperament, about forty-five years of age, who had been subject to attacks of neuralgia of the fifth pair of nerves for many years, upon the least exposure to cold or fatique, and for whom I usually prescribed. I was called to see him at night, January 29th, 1873, and found him suffering intensely; administered an endermic anodyne of twenty minims, in the neck under the angle of the jaw; also a solution of Morph., two grs. to the ounce, to be taken in teaspoonful doses every two hours until he was relieved; also left him a cathartic. I visited him on the 30th, and found him comparatively comfortable, having taken but a dose or two of the anodyne solution; I supposed I had a case of intermittent neuralgia to treat, and left him powders, each of Quin. Sulph., 2 grs. and Op. 1 gr., to be taken every two hours, with instructions to use the solution if necessary. Visited him on the 31st, found him suffering greatly; he had taken a dose of the solution at ten o'clock, two hours before my visit, without any apparent effect; I gave him fifteen minims in the same location as on my previous visit, with the same general directions, and remained with him half an hour; he expressed himself as somewhat relieved, and went to sleep soon after. He slept quietly until about three o'clock, when his wife noticed a change in his breathing, endeavored to arouse him, not succeeding, she became alarmed. As he lived more than five miles from our place, I received word at seven o'clock in the evening "that he could not be aroused." I found him at eight o'clock, in a stupor, skin coolmoist, pupil nearly natural, pulse feeble, respiration 30 to the minute, not heavy or stertorous, but quick and short; he sank rapidly and died three hours after I saw him. I have thought the fatal lesion might have been a sudden interruption of the circulation of a portion of the brain by a thrombosis of the cerebral arteries. The part selected for administration is generally the cellular tissue of the arm; could the point selected in this case have influenced the result in any way? I have given anodynes in the cellular tissue of the neck frequently, and in local pains have generally followed the rule of injecting as near the local lesion as possible, with no other than the best results."

To the favorable testimony of the value of endermic injections in cramps, severe pain, neuralgias, &c., given by his brethren, your Reporter would mention a case in which the use of ½ to ½ gr. of Morphia thus given, was the only efficient remedy in the sickness of early pregnancy, occurring at two periods in the same patient, at intervals of four years. At both times, the prostration was extreme; every other known remedy was tried; but the regular administration of Morphia, once or twice daily, not only controlled the vomiting and allowed sleep, but during its influence food could be taken at times, and the nutrient injections were more effectually retained.

His experience is not free entirely from unpleasant memories. In two cases, in both of which the patients were rapidly failing from incurable but painful conditions, where the fatal result was but a short way off, and where the hypodermic syringe was used for the relief of urgent symptoms, the post hoc propter hoc, seemed an almost inevitable conclusion, although the ordinary dose was used, and in one patient had been frequently borne with the best effect. The use of anodynes

and narcotics, in any method, must, at times, ever remain among the most important and difficult points to be determined in accurate therapeutics. To detect an imminent coma or cerebral congestion, or to know where a slightly increased paralysis of the nerves of circulation might confirm these obscure symptoms, or always detect those idiosyncracies of constitution where the use of narcotics is improper—these are points which seem to require more than human foresight at all times to avoid.

To the third inquiry, "Do the prescriptions of physicians, as a general thing, contribute to make drunkards?" the answers come as follows: Dr. Hartpence thinks "cases are very rare where persons acquire a taste for alcoholic stimulants from their use in acute disease." Dr. Clark writes. "If I have ever made a drunkard or aroused the desire for stimulants by the medicinal use of alcohol, I don't know it; I am always careful not to prescribe to a patient, who I know at any time of life has used them to excess and afterwards relinquished it. The appetite is most easily aroused, and as a profession, we should make necessity our rule in its use." Dr. Cook's views are precisely of the same tenor. Dr. Paul agrees as to their use in acute disease, but adds, "I do believe the use of them in chronic complaints, as in Dyspepsia and the like, tend to create an appetite for them, and a number of persons now habitual drunkards, have laid the foundation of their habit to the prescription of Bitters."

It is a good omen—one that promises to make good, steady and advanced ground for *moral* reform—that our profession is awake to its duty to place the prescription of alcoholic stimulants on true scientific grounds; to have accurately defined the true sphere of their use, and as well to know their contraindication, and to insist upon their therapeutic use as alone justifiable. To this we may add personal examples for which we are largely responsible; our quiet and well-defined testi-

monies, which we have so numerous opportunities to give, are certainly required of us as conservators of morals, in the communities we individually serve.

J. C. JOHNSON, Reporter.

BLAIRSTOWN, WARREN Co., May 19, 1874.

BERGEN COUNTY AND SOMERSET COUNTY Have failed to report.

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OF

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1875.

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1875.

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W. W. L. PHILLIPS, TRENTON.			
STANDING COMMITTEE.			
STEPHEN WICKES, Permanent Chairman, ORANGE.			
S. C. THORNTON, Moorestown.			
THOS. RYERSON, Newton.			

FELLOWS.

All persons who shall have been, or may hereafter be President of the Society, shall rank as Fellows, and be entitled to all the privileges of delegated members.

Those marked thus [*] are deceased.

Act of Incorporation, Sec. 1.

*ROBERT McKean	*CHARLES SMITH 181
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*JOHN COCKRAN 1768	*Samuel Forman181
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*Absalom Bainbridge1773	*John Van Cleve1818
*THOMAS WIGGINS1774	*LEWIS CONDICT1819
*Hezekiah Stites1775	*JAMES LEE
* * * * *	*WILLIAM G. REYNOLDS 1823
*JOHN BEATTY1782	*AUGUSTUS R. TAYLOR1825
* BARBER 1783	*WILLIAM B. EWING 1823
*Lawrence Van Derveer1784	*Peter I. Stryker 1824
*Moses Bloomfield1785	*GILBERT S. WOODHULL1825
*WILLIAM BURNETT1786	*Wm. D. McKissack1826
*Jonathan Elmer1787	*Isaac Pierson1827
*James Stratton	*JEPHTHA B. MUNN
*Moses Scott	*John W. Craig1829
*John Griffith1790	*Augustus R. Taylor1830
*Lewis Dunham 1791	*Thomas Yarrow 1831
*Isaac Harris 1792	*FITZ RANDOLPH SMITH1832
*James Newell	*WILLIAM FORMAN1833
*Jonathan F. Morris1807	*Samuel Hayes 1884
*Peter I. Stryker 1808	*ABM. P. HAGERMAN1835
*LEWIS MORGAN1809	*Henry Van Derveer1836
*I www.a Cownrow 1910	*LANDON & SWITTH 1887

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*THOMAS P. STEWART1840	JOHN R. SICKLER1859
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JOHN H. PHILLIPS1851	THOS. F. CULLEN
*Otan'l H. Taylor1852	CHAS. HASBROUCK1871
SAMUEL LILLY1858	Franklin Gauntt
*A. B. DAYTON1854	T. J. THOMASON 1873
J. B. COLEMAN1855	G. H. LARISON
*Dagging W Commen 1050	

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*J. W. FRANCIS	1827
*John Condict, Orange	
*Noah Parsons, Rhode Island	
*Reuben D. Murphy, Cincinnati	1839
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Jos. Parrish, Media, Penn	1872
FERRIS JACOBS, Delhi, N. Y	1872
C. A. LINDSLEY, New Haven, Conn	
WM. PEPPER. Philadelphia	

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REPRESENTED AT THE

ANNUAL MEETING, 1875.

BERGEN COUNTY.

(District Society organized February 28, 1854.)

M. S. Ayres,	Fairview.	J. J. Haring,	Tenafly.
S. S. Burdett, Dis. Rep.,	Hackensack.	C. Hasbrouck, Sec'y	, Hackensack.
L. C. Carr,	"	H. A. Hopper,	"
A. Clendenin,	Fort Lee.	H. C. Neer,	Park Ridge.
H. A. Crary,	Closter.	J. M. Simpson, Pres	t, Scraalenburgh.
D. A. Currie, VPres't,	Englewood.	R. Stewart,	Rutherford Park.
F. A. Davis, Ruth	erford Park.	S. P. Williams,	44
J. T. DeMund, Treas.,	Wortendyke.	S. J. Zabriskie,	Westwood.
No. Members, 16.		CHAS. HASBROUCE	, Secretary.

BURLINGTON COUNTY.

As reported last year.

(District Society organized May 19, 1829.)

P. K. Hilliard, Pres., M.	annahawken.	Richard E. Brown,	Mount Holly.
B. H. Stratton, Treas.,	Mt. Holly.	Jos. H. Horner,	"
S. C. Thornton, Rep'ter,	Moorestown.	Alex. Elwell,	Vincentown.
J. H. Pugh,	Burlington.	R. H. Page,	Columbus.
Franklin Gauntt,	66	George Goodell,	Plattsburgh.
D. B. Van Slyke,	**	Theodore T. Price,	Tuckerton.
L. Van Rensselaer,	"	Stanley G. Clark,	44
H. H. Longstreet,	Bordentown.	Lewis Sharp,	Medford.
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Irene D. Young,	46	Enoch Hollingshead,	New Egypt.
A. W. Taylor,	Beverly.	Chas. A. Baker,	Florence.
E. P. Townsend,	66		

No. Members, 23.

E. P. TOWNSEND, Secretary.

CAMDEN COUNTY.

(Organized August 14, 1846.)

J. V. Schenck,	Camden.	W. H. Ireland,	Camden.
Thomas F. Cullen,	44	Thomas Westcott,	"
H. Genet Taylor,	"	Max West,	"
John R. Stevenson,	44	John W. Snowden,	Waterford.
Alexander Marcy,	"	N. B. Jennings,	Haddonfield.
James M. Ridge,	44	I. W. Hewlings, Jr.,	44
Alexander M. Mecray,	44	C. H. Shivers,	• "
J. Orlando White,	44	J. Gilbert Young,	44
Randall W. Morgan,	"	H. E. Branin,	Blackwood town.
Richardson B. Okie,	46	J. W. McCullough,	44
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D. Parrish Pancoast,	46	George W. Boughma	an, "
John R. Haney,	44	Edward Tomlinson,	(6

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Joseph F. Garrison,	Camden.	A. D. Woodruff, Princ	ess Anne Co., Md.
Rich. C. Dean, U.S. N.,	Washington.	Peter V. Schenck,	St. Louis, Mo.
No. Members, 26.		H. Genet Taylor,	Secretary.

CUMBERLAND COUNTY.

(Organized December 8, 1818.)

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Ephraim Bateman,	44	D. B. Ingersoll,	May's Landing.
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E. E. Bateman,	46	J. Barron Potter,	"
George Tomlinson,	Roadstown.	R. W. Elmer,	"
W. L. Newell,	Millville.	Jos. Sheppard,	**
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C. H. Dare,	Shiloh.	H. W. Elmer,	"
S. G. Cattell,	Deerfield.		

HONORARY MEMBER.

Enoch Fithian, Greenwich.

No. Members, 17. H. W. Elmer, Secretary.

ESSEX COUNTY.

(Society organized June 4, 1816.)

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M. Baldwin,		J. W. Pinkham,	Montclair.
Abram Coles,	4	Wm. Rankin,	Newark.
J. W. Corson,	Orange.	Phillippe Ricord,	"
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Joseph B. Jackson,	Newark.	Chas. Young,	64
Eugene Jobs,	Springfield.	Chas. M. Zeh,	44
C. J. Kipp,	Newark.	D. M. Dill,	u
H. A. Kornemann,	46	L. D. Ward,	"
J. J. H. Love,	Montclair.	A. M. Edwards,	46
A. M. Mills,	Newark.	W. Nick Pindell,	"
I. A. Nichols,	"	— Bailey,	. "
E. P. Nichols,	44	H. C. Bleyle,	46
Wm. O'Gorman,	44	T. N. Bradfield,	44
S. H. Pennington,	"	G. A. Van Wagenen,	66
Stephen Personett,	Verona.	A. Mercer,	66
Wm. Pierson,	Orange.		

No. Members, 53.

CHAS. YOUNG, Secretary.

GLOUCESTER COUNTY.

(Society organized December, 1818.)

Geo. C. Laws, Prest,	Paulsboro.	J. Down Heritage,	Glassboro.
W. H. Turner, Sec. and Tre	as.,Mantua.	A. G. MacPherson,	Woodbury.
C. Grant Garrison, Rep'r,	Swedesboro.	H. C. Clark,	

Jas. Weatherby,	Clarksboro.	Henry G. Buckingham,	Clayton.
S. T. Miller,	Paulsboro.	Samuel Fisler,	46
J. H. Asheraft	Mullica Hill		

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HONORARY MEMBERS.

Joseph Fithian, Woodbury. Chas. Garrison, Swedesboro. Chas. F. Clark, Camden.

No. Members, 11.

WM. H. TURNER, Secretary.

HUDSON COUNTY.

(Society organized, Oct. 1, 1851.)

J. J. Prendergast, Pres.,	Jersey City.	T. C. O'Callaghan,	Jersey City.
J. B. Burdett, V Pres.,	"	C. H. Case,	"
C. C. Young, Secretary,	66	C. O. Viers,	46
W. R. Fisher, Treus.,	Hoboken.	F. Geisler,	Hoboken.
T. F. Morris, Reporter,	Jersey City.	J. Q. Bird,	Jersey City.
J. M. Cornelison,	"	E. J. Lowenthal,	Hoboken.
L. D. Elder,	Hoboken.	H. H. Abernethy,	Jersey City.
J. H. Vondy,	Jersey City.	H. Mitchell,	"
D. L. Reeve,	46	E. Bock,	44
R. F. Chabert,	Hoboken.	A. Freeman,	"
A. A. Lutkins,	Jersey City.	J. A. Blake,	Union Hill.
S. R. Forman,	66	J. C. Rau,	Went Hoboken.
E. P. Buffett,	46	H. M. Eddy,	Jersey City.
J. Kudlick,	Hoboken.	B. D. Carpenter,	"
J. W. Hunt,	Jersey City.	J. R. Everitt,	"
F. E. Noble,	44	J. D. Van Saun,	"
J. Craig,	44	J. Lochner,	66
D. S. Hardenberg,	66	C. H. Yerrington,	"
F. C. Selnow,	"	J. A. Petrie,	"
B. A. Andrews,	44	D. Murray,	66
S. V. W. Stout,	"	M. Lampson,	"
No. Members, 42		CLEMENT C. Young,	Secretary.

HUNTERDON COUNTY.

(Society organized June 12th, 1821.)

M. Abel,	Quakertown.	C. W. Larison,	Ringoes.
A. W. Armitage,	Woodville.	C. M. Lee,	46
John Blane,	Perryville.	A. S. Pitinger,	Clover Hill,

Geo. W. Bartow,	Centreville.	John F. Schenck,	Flemington.
N. B. Boileau,	Perryville.	Wm. H. Schenck,	44
Wm. S. Creveling,	Bethlehem.	Geo. R. Sullivan,	44
J. S Cramer,	Sergeantsville.	Theo. H. Studdiford,	$\it Lambert ville.$
Samuel Lilly,	$Lambert {\it ville}.$	Albert Shannon,	Stanton.
Geo. H. Larison,	44	O. H. Sproul,	Stockton.

HONORARY MEMBERS.

J. R. Ludlow, John F. Schenck, John McKelway.

No. Members, 18.

John Blane, Henry S. Harris,

O. H. SPROUL, Secretary.

MERCER COUNTY.

(Society organized May 23, 1848.)

J. L. Taylor,	Trenton.	L. Taylor,	Trenton.
J. B. Coleman,	46	E. L. Welling,	46
J. Woolverton,	"	Wm. Elmer, Jr.,	66
W. W. L. Phillips,	46	L. Leavitt,	, "
T. J. Corson,	44	T. H. McKenzie,	44
C. Skelton,	44	W. S. Lalor,	"
C. Hodge,	"	C. H. Dunham,	"
R. R. Rogers,	**	C. P. Britton,	46
C. Shepherd,	"	J. W. Ward,	Asylum.
D. Warman,	"	A. W. Armitage,	Woodsville.
J. L. Bodine,	"	C. F. Deshler,	Hightstown.
J. B. James,	44	Lloyd Wilber,	"
H. W. Coleman,	46	Elmer Barrows,	Hamilton Square.
Wm. Green,	**	Geo. R. Robbins,	٠٠ _
E. H. Reed,	44	O. H. Bartine,	Princeton.
J. I. B. Ribble.	"	J. H. Wykoff,	"

HONORARY MEMBER.

James McKelway,

Trenton.

No. Members, 32.

J. B. JAMES, Secretary.

MIDDLESEX COUNTY.

• (Society organized June 13, 1816.)

E. M. Hunt,	Metuchen.	Rush Van Dyke,	New Brunswick.
C. H. Andrus,	66	D. C. English,	"
F. B. Norton,	"	N. Kammerer,	44
H. R. Baldwin,	New Brunswick.	George J. Janeway,	66
Chas. H. Voorhees,	"	D. Stephens,	66
Charles Dunham,	44	J. C. Holmes,	Cranberry.
W. E. Mattison,	46	W. V. Wilson,	Dayton.
W. Williamson,	**	C. M. Slack,	u
C. Morrogh,	66	A. Treganowan,	South Amboy.

No. Members, 18.

Rush Van Dyke, Secretary.

MONMOUTH COUNTY.

(Society organized July 24, 1816.)

I. E. Arrowsmith,	Keyport.	S. H. Hunt,	Eatontown.		
Asher T. Applegate,	Englishtown.	James Holmes,	Allentown.		
I. A. Beegle,	Blue Ball.	Samuel Johnson,	Long Branch.		
Robert R. Conover,	Red Bank.	Robert Laird,	Squan Village		
Henry G. Cooke,	Holmdel.	Charles A. Laird,	"		
John Cooke,	Englishtown.	I. S. Long,	Freehold.		
James S. Conover,	Freehold.	Wm. A. Newell,	Allentown.		
Chas. A. Conover,	Marlborough.	P. B. Pumyea,	Imlaystown.		
S. M. Disbrow,	Squankum.	T. J. Thomason,	Perrineville.		
D. McLean Forman,	Freehold.	John Vought,	Freehold.		
Jos. B. Goodenough,	Blue Ball.	C. C. Vanderbeck,	Allentown.		
A. A. Howell,	Allentown.	George T. Welch,	Keyport.		
A. A. Higgins,	Squan Village.				

HONORARY MEMBERS.

J. S. English, Manalapan. Edward Taylor, Middletown.
A. V. Conover, Long Branch.

No. Members, 25.

JOHN VOUGHT, Secretary.

MORRIS COUNTY.

(Society organized June 1, 1816.) *

P. C. Barker, Pres't,	Morristown.	Henry Hulshizer,	Port Oram.				
J. G. Ryerson, VPres't,	Boonton.	F. W. Owen,	Morristown.				
S. Pierson, Sec'y,	Morristown.	F. F. Sanders,	"				
F. W. Miller, Treas.,	Whippany.	J. C. Lindsley,	"				
J. B. Mattison, Reporter,	Chester.	T. B. Flagler,	"				
J. S. Stiger,	Mendham,	A. E. Carpenter,	Boonton.				
I. H. Stiger,	"	A. A. McWithey,	Pompton.				
P. A. Harris,	Dover.	C. V. D. Romondt,	Pompton Plains.				
G. O. Cummins,	"	C. Anderson,	Madison.				
I. W. Condict,	"	E. P. Cooper,	Parsippany.				
Thos. R. Crittenden,	44	Jos. C. Farrow,	Flanders.				
D. S. Ayres,	Rockrway.	Levi Farrow,	Middle Valley.				
John Riches, Successu	nna Plaine.						

No. Members, 25.

S. PIERSON, Secretary.

PASSAIC COUNTY.

(Society organized July 16, 1844.)

		= :	
Ridley Kent,	Paterson.	G. W. Terriberry,	Paterson.
A. W. Rogers,	u	Orson Barnes,	u
R. J. Whitely,	66	Oswald Warner,	46
Michael Moss,	44	S. R. Merrill,	"
C. S. Van Riper,	44	Wm. Blundell,	44
H. C. Van Gieson,	66	Wm. Busse,	u
E. J. Marsh,	44	Jas. C. Amiraux,	46
G. H. Balleray,	"	T. J. Kane,	44
John Quinn,	44	Jas. M. Mackintosh,	. "
Patrick Cahill,	"	Sarah F. Mackintosh,	46
O. V. Garnett,	44	Wm. Kent,	"
J. R. Leal,		C. W. F. Myers,	"
Jacob Henggler,	66	G. Terhune,	Passaic.
C. Van Riper,	Passaic.	R. A. Terhune,	66
J. C. Herrick.	46	F. H. Rice,	66

No. Members, 80.

JAS. C. AMTRAUX, Secretary.

MEMBERS OF DISTRICT SOCIETIES.

SOMERSET COUNTY.

(Society organized,

A. P. Hunt,

William B. Ribble,

H. G. Wagoner,

J. F. Berg,

Raritan.

Millstone.

Some ville.

North Branch.

W. H. Merrell,
D. C. Van Deursen,
W. S. Swinton,
B. B. Matthews,
South Branch.
Millstone.
Somerville.
Bound Brook.

.)

No. Members, 8.

H. G. WAGONER, Secretary.

SUSSEX COUNTY.

(Society organized August 22, 1829);

Sparta. T. H. Andress, J. L. Allen, Lafayette. Carlos Allen, Vernon. J. B. Boss, Sparta. F. M. Cannon, Deckertown. J. W. Collins. Tranquility. J. B. Couse, Franklin Furnace. H. N. Crane. Branchville. Montague. Martin Cole, Jr., D. L. Duncan, Newton. Joseph Hedges, Branchville. Jonathan Havens. Newton. P. N. Jacobus, Hainesville. Hamburg. W. H. Linn, Stillwater. C. V. Moore,

John Miller, Andover. L. D. Miller, Newton. John Moore, Deckertourn. E. W. Mains, Flathrookville. J. F. McCloughan, Swartswood. C. R. Nelden, President, Stanhope. J. B. Pellet, V.-President, Hamburgh. Thomas Roe, Walpack Centre, Thomas Ryerson, Pres., Newton. Franklin Smith. " " D. M. Sayre, Eugene Schumo, Laytons. E. J. Westfall, Beemerville. Jacob Whitaker, Deckertown.

JONATHAN HAVENS, Secretary.

No. Members, 29.

UNION COUNTY.

(Society organized June 7, 1869.)

Jas. S. Green, Pres't, Elizabeth	. Elihu B. Silvers,	Rahway.
C. H. Stillman, VPres't, Plainfield.	. Robert Westcott,	Elizabeth.
T. N. McLean, Sec'y, Elizabeth	J. K. McConnell,	Crawford.
J. A. Coles, Treas., Scotch Plains	. J. S. Crane,	Elizabeth.
H. H. James, Reporter, Rahway.	A. M. Cory,	New Providence.
L. W. Oakley, Elizabeth	. J. B. Probasco,	Plainfield.
D. W. C. Hough, Rahway	T. H. Tomlinson,	66

F. A. Kinch,	Westfield.	. H. C. Pierson,	Roselle.
J. Otis Pinneo,	Elizabeth.	Wm. K. Gray,	Summit.
Alonzo Pettit,	••	Sherman Cooper,	West field.
Thos. Terrill, Jr.,	44	F. B. Gillette,	Plainfield.
Wm. Gale,	Westfield.	H. D. Burlingham,	a
John S. Brosnan,	Elizabethport.	E. V. Stryker,	West field.
S. E. Arms,	Elizabeth.	Charles A. Kinch,	"
L. H. Grier,	"	Victor Mravlag,	Elizabeth.
W. U. Selover,	Rahway.	David Schleimer,	${\it Elizabeth port.}$
Louis Braun,	Elizabeth port.	Wm. C. Boone,	Plainfield.
T. L. Hough,	44	Lewis Drake,	Rahway.
N. W	07	Ø 37 36-7	0

No. Members, 87.

T. N. McLean, Secretary.

WARREN COUNTY.

(Society organized February 15, 1826.)

B. F. Brakeley,	Belvidere.	Henry H. Rhinehardt,	Hope.
8. S. Clark,	44	J. F. Sheppard,	Phillipsburg.
John C. Johnson,	Blairstown.	H. S. Harris,	Belvidere.
P. F. Hulshizer,	Stewartsville.	Wm. M. Hartpence,	Oxford.
John S. Cook,	Hack. ttstown.	Henry Hulshizer,	Port Oram.
L. C. Osmun,	Delaware.	J. M. Paul, Jr.,	Belvidere.
Theodore Crane,	Hackettstown.	Wm. H. McGee,	66

HONORARY MEMBER.

James C. Fitch,

Hope.

No. Members, 14.

P. F. BRAKELY, Secretary.

SUMMARY.

Bergen,					16	Monmouth,					25
Burlington,					23	Morris, .					25
Camden,					26	Passaic,					30
Cumberland,					17	Somerset,					8
Essex, .					53	Sussex, .					29
Gloucester,					11	Union, .					87
Hudson,					42	Warren,					14
Hunterdon,					18					-	
Mercer,					82	Total,					424
Middlesex.					18						

TRANSACTIONS

OF THE

MEDICAL SOCIETY OF NEW JERSEY.

THE ONE HUNDRED AND NINTH ANNUAL MEETING.

THE Society assembled in the drawing-rooms of Congress Hall, in Atlantic City, on Tuesday evening, May 25th, 1875, at 7.30 o'clock.

Dr. G. H. Larison, President, occupied the chair, supported by Vice-Presidents Drs. O'Gorman, Schenck and Baldwin.

The other officers were also in their respective seats.

The session was opened with prayer by Rev. Mr. Zane, of Atlantic City.

The Committee on Organization, by the Secretary reported the following as duly accredited delegates (Dr. H. R. Baldwin acting on the Committee by appointment of the President):

Bergen—Charles Hasbrouck, D. A. Currie, D. C. Carr, A. Clendenen. Members, 16.

Burlington—R. H. Page,* J. Reeve,* D. B. Van Slyke, Alex. Elwell, A. W. Taylor.* Members, 22.

Camden—I. B. Mulford, H. G. Taylor, John R. Haney, N. B. Jennings, James M. Ridge. Members, 25.

Cumberland—W. L. Newell, R. W. Elmer,* Joseph Sheppard, E. E. Bateman. Members, 17.

Essex—J. A. Cross, E. P. Nichols, L. D. Ward, A. W. Woodhull, J. J. H. Love, C. J. Kipp, A. Ward,* A. Mercer.* Members, 53.

Gloucester—W. H. Turner, P. S. Heritage, S. F. Fisler, H. Buckham. Members, 11.

Hudson—S. R. Forman, W. R. Fisher,* D. L. Reeve,* J. W. Hunt,* F. E. Noble, J. J. Prendergast, Jas. Craig, B. D. Carpenter.* Members, 42.

Hunterdon—Isaac S. Cramer, Matthias Abel, N. B. Boileau, W. S. Creveling. Members, 18.

Mercer-J. W. Ward, A. W. Armitage, C. P. Britton, J. L. Bodine, J. L. B. Ribble, C. Sheppard. Members, 31.

Middlesex—Charles H. Voorhees, J. C. Holmes, W. V. Wilson, Rush Van Dyke. Members, 18.

Monmouth—James Holmes, Robert Laird, W. A. Newell, P. B. Pumyea, John Vought.* Members, 25.

Morris-J. G. Ryerson, D. L. Ayres,* F. Miller,* I. W. Condict,* P. C. Baker, A. A. MacWithey. Members, 25.

Ocean+_F. C. Schureman, C. O. Gordon, E. Marston.* Members, 9.

Passic - C. W. F. Myers, A. W. Rogers,* J. C. Herrick,* Wm. Blundell,* C. S. Van Riper,* Wm. Kent.* Members, 80.

Sussex—J. L. Allen,* E. W. Maines,* Martin Cole, Jr.,* T. H. Andress,* Joseph Hedges.*

Union—L. W. Oakley, J. B. Probasco, E. B. Silvers, Thos. Terrill, Jr., H. H. James,* Louis Braun.* Members, 37.

Warren-P. F. Brakely, I. M. Paul, Jr., S. S. Clark. Members, 16.

Reporters—S. C. Thornton, Burlington; Frank Wilmarth,* Essex; Alex. Marcy, Camden; C. Grant Garrison, Gloucester; C. W. Larison,* Hunterdon; Thos. F. Morris, Hudson; C. F. Deshler, Mercer; J. B. Mattison, Morris; Theo. N. McLean, Union; C. V. Moore,* Sussex.

The report was, on motion of Dr. Lilly, adopted.

The Secretary also reported the following persons (delegates from corresponding Societies) as being present:

Drs. Daniel Perley, L. D. Presbrey,† of Massachusetts; Dr. George H. Kenyon, of Rhode Island; Drs. G. Buck, R. Newman, John G. Adams, of New York; Drs. R. W. Goodell, J. S. Estileman, Hinkle and J. S. Cohen, of Pennsylvania.

Fellows Present—B. H. Stratton, Samuel Lilly, John R. Sickler, John Blane, John Woolverton, Ezra M. Hunt, Benj. R. Bateman, Wm. Pierson, Thomas F. Cullen, Chas. Hasbrouck, T. J. Thomason.

^{*}Absent. † Reported subsequently.

On motion of Dr. Lilly, the following resolutions were adopted:

Resolved, That the delegates from corresponding Societies, and Prof. S. D. Gross, Prof. D. H. Agnew, Prof. F. G. Smith, Drs. H. C. Wood, Jr., Kenyon D. B. Hunt, Welch, John H. Packard, and all other members of the profession in good standing from other States, and all members in good standing of District Medical Societies in this State, who are present, be and are hereby cordially invited to seats as corresponding members.

Resolved, That when the order of business for the reception of delegates from corresponding Societies is reached, ten minutes shall be assigned to each delegate to respond, and no other papers or matter shall be heard, except in the regular order of business.

Dr. Wickes, in behalf of the Standing Committee, reported that the Committee had examined the records of the first meeting of the Ocean County District Medical Society, together with the by-laws of the same, and find that the Society has been regularly organized, in accordance with the requirements of the by-laws of this Society, and that the Committee recommend that the delegates be admitted.

The report, on motion of Dr. Pierson, was adopted. The Secretary reported Drs. F. C. Schureman, C. O. Gordon and E. Marston, as the delegates from Ocean County District Society.

The minutes of the last annual meeting were read and approved.

Dr. Schenck, in behalf of the Committee of Arrangements, reported:

The Medical Society of New Jersey, at their last meeting, held at Long Branch, appointed a Committee of Arrangements, who now desire to report.

The District Medical Society of Camden County, at the above meeting, extended an invitation to the Medical Society of New Jersey, to hold their next annual meeting at Atlantic City.

The invitation being accepted, this Committee were appointed to see that all things be made ready.

Your Committee, in pursuance of the object of their appointment, announced the acceptance of the invitation to District Medical Society of Cam-

den County. Your Committee assure you that the District Medical Society of Camden County felt honored by the acceptance, and set about with alacrity to make ready.

They appointed a Committee, embracing in it your Committee, to see that the wishes of both Societies be carried out.

This Committee of District Medical Society of Camden County, by Sub-Committees of their own number, have attended to the various demands made upon them in a manner, we trust, to meet your approbation.

The Nestor of the District Medical Society of Camden County, and the Chairman of its Committee of Arrangements, will attend to the pleasing duty of welcoming you to this City by the Sea.

For the sumptuous conveyance and speedy transit from Camden to the Ocean, we are indebted to the Camden and Atlantic R. R. Co. We assure them we appreciate their free-will offering, and hope their future prosperity may equal their abundant hospitality.

Dr. Snowden, of Camden, then delivered an address of welcome, as follows:

GENTLEMEN OF THE MEDICAL SOCIETY OF NEW JERSEY: In the name of Camden County Medical Society, I welcome you to Atlantic City, this beautiful city by the sea, which has sprung up into existence as if by magic.

Twenty years ago the site upon which we now are was a desolate beach of drifting sand. Now it is occupied by handsome avenues, lined on either side by elegant cottages and immense hotels, with an occasional church, showing that Christianity asserts her sway in this resort of the pleasure seeker.

But above all, Atlantic City claims the attention of the medical man on account of its extreme healthfulness, dependent upon the comparative dryness of its atmosphere and the equability of its temperature.

Dr. Keating says, "This peculiarly characteristic dryness of the atmosphere and of the sea breezes, however it may be accounted for, is patent to all who have ever sojourned at Atlantic City, and is the distinctive feature of the place to which I attribute its great advantage over every other seabathing place on the coast.

"This remarkable dryness of climate, resembling in this respect more that of Nice, on the Mediterranean, than any sea coast I have ever visited, is the characteristic of the climate of Atlantic City, which affords relief and cure to all cases of rheumatic fever and arthritis, even in the most acute stages."

And, in another place, the Doctor claims the same benefit "in chronic bronchitis, laryngitis, incipient tuberculosis, and scrofula."

And here allow me briefly to answer the numerous inquiries sent to me of late, in reference to the salubrity of South Jersey, in which I have practiced medicine thirty years.

After riding fifteen miles upon the railroad from Camden, you passed the highest point on the road and entered upon the Atlantic slope known as the "Pines," which has for generations been the resort of the valetudinarian and those suffering from diseases of the lungs, kidneys, or digestive organs.

Such cases are usually benefited, and often cured, by a residence in the section to which I allude—that is, the country adjacent to the Camden and Atlantic Railroad, between Berlin and Atlantic City—it being far enough removed from the tributaries of the Delaware river to be free from malarial diseases which prevail in their immediate proximity.

Dr. Stevenson says, in the *Medical Times*: "The climate is milder and more uniform than it is in the same parallel of latitude west of it, as the extreme heat of summer and cold of winter are materially modified by the proximity of the ocean and the slope of the land to the south-east. This is shown not only by direct observation, but also by the character of the flora, which is essentially different from that of adjacent Pennsylvania, and is similar to that of Virginia and the Carolinas. A peculiarity about this locality is that malarial diseases are unknown, even along the streams and in the swamps, while in the Delaware valley malaria is prevalent, in a mild form, along all the water-courses that empty into that river."

With all these advantages so near, gentlemen, why send your patients to Georgia, Florida, and other distant localities, which entails protracted journeys and the discomforts of houses unprepared for the sudden changes of temperature, felt so keenly by invalids, even in the far South.

Here, near home, in the "Pines" or Atlantic City, within two hours' ride of Philadelphia, can be had all the necessaries and luxuries required for the invalid, and by means of telegraph and railroad, the best medical talent of the country can be obtained from Philadelphia at short notice.

Regretting that your meeting does not occur a few weeks later, when this now quiet place will be filled with the beauty and talent of our land, I again we come you most heartily, to the hospitality which awaits you.

The President read the Annual Address. On motion of Dr. Deshler, a vote of thanks was extended to the President for his elaborate address, and a copy requested for publication.

The Standing Committee reported that it had examined the transactions of this Society previous to the year 1859, as directed by resolution of this Society, adopted at the last annual meeting, and find the records complete and in good condition. The Committee also reported that it had complied with the resolution in reference to having the transactions bound and presented to the Historical Society of New Jersey.

On motion of Dr. E. M. Hunt, it was voted that a committee of three be appointed to act with the Standing Committee, to devise some plan for the preservation of the old transactions of this Society.

Drs. Hunt, Lilly and Pierson were appointed as the Committee.

On motion of Dr. Hunt, the following was adopted:

Resolved, That the President be requested to call the Society to order at 8 o'clock to-morrow morning, and to invite any of the gentlemen who have been introduced as corresponding members, to occupy the time from 8 to 9, before the regular hour of meeting, in any medical communication with which any of them may see fit to favor us.

An invitation was received and accepted from the keeper of the light-house to show any member of the Society through the light-house from 9 until 1 o'clock, to-morrow.

A communication from the Camden Pharmaceutical Association was received without being read, and referred to the following committee, to report such action as it may deem proper for the Society to take upon the subject referred to in the communication: Drs. E. P. Nichols, Wm. Elmer, Jr., and T. F. Cullen.

The Secretary announced that there were two candidates present with certificates from their respective District Societies of having passed the required examination for the degree of Medicinæ Doctor, and on motion it was resolved that the credentials and theses of the candidates be referred to a

committee for examination. Drs. Kipp, Forman and Newell were the committee.

A writ from the Supreme Court was received and referred to Standing Committee.

The following committees were announced by the President:

Nominating Committee—C. Hasbrouck, Bergen; D. B. Van Slyke, Burlington; J. B. Mulford, Jr., Camden; E. E. Bateman, Cumberland; A. W. Woodhull, Essex; N. B. Boileau, Hunterdon; J. J. Pendergrast, Hudson; Wm. H. Turner, Gloucester; C. P. Britton, Mercer; C. H. Voorhees, Middlesex; P. B. Pumyea, Monmouth; J. G. Ryerson, Morris; C. O. Gordon, Ocean; C. F. Myers, Passaic; L. W. Oakley, Union; P. F. Brakely, Warren. J. B. Pumyea, Chairman.

On Treasurer's Accounts-L. W. Oakley, J. L. Bodine and R. W. Elmer.

On Unfinished Business-S. Lilly and C. Hasbrouck.

Adjourned until 9 o'clock to-morrow morning.

(The special session of the Society was occupied by Dr. G. Buck, in reading an interesting and instructive paper upon the migratory character of pus, for which he received a vote of thanks.)

WEDNESDAY MORNING.

The President in the chair. The Committee on Unfinished Business reported no items, and were discharged. The annual report of the Standing Committee was then read by Dr. S. Wickes, the chairman.

On motion of Dr. Bodine, it was

Resolved, That the thanks of this Society are hereby tendered to the Standing Committee for their various reports, and that these reports be referred to the committee for publication in such form as the committee may deem proper.

The committee to whom was referred the nomination for honorary membership of Dr. Wm. Pepper, reported by the chairman, Dr. J. L. Bodine, recommending his election. A ballot was taken which resulted in the unanimous election of Dr. Pepper for honorary membership.

The Treasurer made the annual report, which was referred to Committee on Treasurer's Accounts. (See Appendix No. I.)

The Corresponding Secretary read his report. (See Appendix, No. II.)

The Committee on Treasurer's Accounts reported that they had examined the accounts of the Treasurer, and find them correct, and that they approve of the amount of the assessment recommended by the Treasurer.

The Society voted that the assessment be two dollars per capita for the members of the District Societies, as suggested by the Treasurer.

Dr. Lilly, delegate to the American Medical Association, Dr. A. W. Woodhull, delegate to Rhode Island, and Dr. J. L. Bodine, delegate to Massachusetts, read their reports, which were referred to the Committee on Publication. (See Appendix, Nos. III, IV and V.)

The delegates from corresponding Societies who were present were formally presented to the Society by the Corresponding Secretary. The President in behalf of the Society extended to them a cordial welcome.

The delegates responded—Dr. Perley, in behalf of the Massachusetts, as follows:

MR. PRESIDENT AND GENTLEMEN:—As the only delegate here from Massachusetts, I must tender you, in behalf of the Massachusetts Medical Society, the cordial hand of fellowship, and thank you for your politeness and hospitality. The most important object of these meetings is to cultivate a genial and generous feeling of sympathy and true brotherhood. I bring you no speech, I cannot make one, but I shall tell you a story instead, which shall also be my apology for any seeming neglect:

I was associated in Lynn with a Dr. K—, a native of Salem, son of Dr. K—, and himself a regular physician. He went over, however, and plunged into the cold water practice, and in his peculiar nasal tone said, "he threw

physic to the dogs." He was remarkable for drollery, and one of the best things he ever said was at my expense. It happened in this way: Our little "Washingtonian" paper had a relapse by the return of the editor to bis cups, and the proprietor asked me to take charge of it for a little while till he could get a new editor. In the mean time (peace to his ashes) Dr. K—got into a little good-natured quarrel with me for not noticing a lecture given by one of his cronies of the Mutual Admiration Society, and after a while I replied to one of his many communications. The next article of Dr. K—begins in precisely these words, "Don't try to be witty, doctor, jog along in your old grave-yard style."

You see I have a good excuse for not making a speech. I can only extend to you our most cordial greetings, and thank you for all your politeness.

Dr. Kenyon, in behalf of Rhode Island, responded as follows:

Mr. President and Gentlemen:—It gives me great pleasure to be so cordially welcomed by you as a delegate from Rhode Island, and to hear from your delegates so favorable and flattering reports of our Society. I bring to you the fraternal greeting of the Rhode Island Medical Society. To bear such greetings to this honorable assembly, the oldest medical association on the continent, is an honor and privilege which, I assure you, I fully appreciate. I am happy to make the aquaintance of the members of this Society, and be allowed the extreme pleasure of attending its deliberations. Our Society, though much less in numbers, and lacking much of the age and experience of your own, is working with considerable earnestness and zeal. Filled with a spirit of emulation and pride, we are endeavoring to keep pace with the rapid progress of science and cull from the vast amount of new material that which is of true value to us. Our medical meetings not only promote our progress and maintain the honor and dignity of the profession, but also keep alive and refresh the kind and friendly feeling which exists among us. That your meetings accomplish such results to a high degree is very evident, and it must be indeed a source of pride and grandeur to you that your Society has a seniority of ten years over our great republic. I came here, gentlemen, as a listener and observer, and will not presume to occupy your valuable time with any remarks of mine. I am happy to be here as a delegate, and in my report will endeavor to bear witness to your high standard of professional attainments and extremely generous hospitality. I thank you for the cordial reception you have given me, and I assure you, in behalf of the Rhode Island Medical Society, that we

shall be right glad to welcome and entertain to the best of our ability any of your members who shall come among us as delegates from the Medical Society of New Jersey.

The delegates from the New York Medical Society being called upon, tendered the congratulations of the New York State Society on the occasion of the 109th anniversary of the New Jersey Society, praised its uniform conservative influence and its protests against quackery in all forms. Dr. Adams alluded to the change of the time of meeting of the New York Society from the first Tuesday in February to the first Tuesday in June, and tendered to future delegates a warm reception. He added, "united by a common brotherhood, and worshipping at the same altar, we pledge ourselves as co-laborers with your Society in advancing the great interests of science and humanity."

Dr. I. S. Ishleman, in behalf of the Pennsylvania Society, responded as follows:

Delegated by the Medical Society of Pennsylvania to attend your deliberations, we feel sensible of the honor conferred upon us. In behalf of our Society we greet you with fraternal and professional sympathy. We are pleased to say that we entertain a profound regard for your venerable organization and its contributions to medical literature. Placed side by side, we feel the impulse with ours in circulating the health current. We ask you to appoint delegates to participate with us in our state organization, which will meet at Pottsville, on the 9th of June next.

Dr. Goodell also made a few remarks.

The committee to whom was referred the applications and theses of the candidates for the degree of Medicinæ Doctor, reported as follows:

The Committee to whom were referred for examination the theses of Joseph R. Waldmeyer of Hudson Co., and Chas. Buttner of Essex Co., candidates for the degree of Doctor of Medicine, beg leave to report that they have examined the said theses and have found them satisfactory. Mr. Waldmeyer's thesis is on Typhoid Fever; that of Mr. Buttner on Disinfect-

ants. Both candidates have passed satisfactory examinations before their respective District Societies, and are by them recommended in due form for the degree of Doctor of Medicine.

On motion, a ballot was taken upon the applications which resulted in the unanimous approval of the same, and the President and Secretary were instructed to prepare the diplomas and deliver the same to the parties, when they shall have fulfilled the further requirements of the law.

Alfred A. Lutkins was nominated for the honorary degree of M. D.

Committee to whom the writ from the Supreme Court was referred, reported that they would recommend that it be referred to Dr. Lilly, with power to act for the Society, and, if necessary, to employ counsel.

The recommendation of the committee was adopted.

Dr. H. R. Baldwin, third Vice-President, read an essay, the subject of which was "Precision in Diagnosis."

On motion of Dr. Hasbrouck, a vote of thanks was extended to the Doctor for his very scholarly and practical essay.

Dr. Ward read a paper on the causes of Insanity.

On motion of Dr. Bodine, a vote of thanks was also extended to him for his able and interesting paper.

A letter was read from Dr. Bateman, one of the essayists, in which he gives as the reason for his non-attendance, a recent death in his family. He was excused and continued as essayist for the next meeting of the Society.

Dr. Forman announced the death of Dr. John M. Cornelison, a delegate from Hudson, and moved that a committee be appointed to draft resolutions expressing the sentiments of the Society. The motion was adopted, and Drs. Forman, Lilly and Hunt were appointed the committee.

The Committee subsequently reported the following preamble and resolutions, which were on motion adopted:

WHEREAS, Time in its onward march has brought to a close another useful life—a life for many years devoted exclusively to the practice of our profession and when called to other duties by the State, equally given to their discharge; and

WHEREAS, Dr. John M. Cornelison, by his early efforts in the establishment of the District Medical Society for the county of Hudson, by his life-long zeal in the promotion and defense of medical interests throughout the State, only terminating his official career as a delegate member of this Society with his life, has rendered us all debtors by his efforts;

Resolved, That we acknowledge the goodness of God in granting a peaceful and happy end to his more than three-score years and ten of faithful service to humanity.

Resolved, That we tender to his family the assurance of our sympathy in our common loss.

Resolved, That these resolutions be published in the daily papers of Hudson County.

S. R. FORMAN, SAMUEL LILLY, Committee. EZRA M. HUNT,

The Nominating Committee reported by the chairman, Dr. Pumyea, as follows:

The Nominating Committee organized immediately after the evening session, with Dr. Pumyes as Chairman and Dr. Woodhull as Secretary, and would respectfully report the following nominations:

For President-Wm. O'Gorman.

First Vice-President-J. V. Schenck.

Second " -H. R. Baldwin.

Third " —John S. Cook.

Recording Secretary-Wm. Pierson, Jr., Orange.

Corresponding Secretary-Wm. Elmer, Jr., Trenton,

Treasurer-W. W. L. Phillips, Trenton.

Standing Committee—S. Wickes, S. C. Thornton and Thomas Ryerson.

For Delegates to American Medical Association-D. A. Currie, F. Gaunt,

J. O. White, R. W. Bateman, Wm. Pierson, Jr., S. Lilly, F. F. Morris, W.

H. Turner, A. W. Armitage, C. fl. Voorhees, J. B. Probasco, D. E. Barker,

C. F. W. Myers, C. S. Clark, P. K. Hillard, E. M. Hunt.

For Delegates to Medical Society of Pennsylvania—Drs. Deshler, H. G. Taylor, J. O. White and S. Lilly.

For Delegates to Medical Society of Rhode Island—E. B. Silvers, S. E. Thornton, Wm. O'Gorman.

For Delegates to Medical Society of Massachusetts—Drs. Prendergast, Dougherty and Mitchel.

For Delegates to Medical Society of Maine—Drs. John Blane, Rodgers and J. M. Paul.

For Delegate to Medical Society of New Hampshire-Dr. C. O. Gordon.

For Delegates to Medical Society of Connecticut—Drs. McLean and Wilson.

Place of next meeting to be at Cape May. The Committee is happy to announce that it has been authoratively informed that if the Society decide to hold their next meeting at Cape May, it will be quite as welcome and the entertainments be quite as generous as that which it has had the pleasure to receive at Atlantic City.

A. W. WOODHULL,

Secretary.

The recommendation of the committee, as to the place of for the next meeting, on motion was adopted.

The delegates, as nominated by the committee, to the respective Societies in correspondence with this Society, were duly elected.

An opportunity having been offered for other nominations, the Society proceeded to election by ballot of the officers of the Society, for the ensuing year, as required by by-laws. Drs. Pierson and Pumyea were appointed tellers. The ticket, as nominated by the committee, was declared duly elected.

Dr. Wickes, by request of Dr. Ryerson, stated that the Doctor had been prevented from attending this meeting by the illness of his brother.

Dr. Packard, of Philadelphia, by permission of the Society, exhibited a medical chart of temperature, pulse, respiration and regions published by the Case-record Company of Cincinnati. He spoke highly of the chart, and recommended it for general use among the profession.

The committee on old records of the Society, reported as follows:

The committee on old records of this Society, recommend that a committee be appointed to examine more thoroughly the unpublished records and report next year, but that it be authorized, if it deems best, to add as a supplement to the transactions of this year as much as will carry the record down to 1800.

Drs. Hunt, Lilly and Pierson, Sr., together with the Standing Committee, were appointed the committee.

Dr. E. M. Hunt offered the following:

Resolved, That the prevention of disease so far involves the interest of citizens, as that it should be a subject of Legislative consideration.

Resolved, That we do not approve of any action by which Health Boards are constructed, with reference to providing an assortment of physicians of various medical sects. Such citizens as are competent in health matters, should be chosen without specification of profession or sect.

Resolved, That any attempt to construct medical boards by legislative enactment of different so-called schools, either for the purpose of medical examinations, or for Health Boards, should not receive the encouragement of any member of this Society.

After considerable discussion, the resolutions were referred to the following committee: Drs. Brakely, E. M. Hunt and Ridge.

The committee is to render its report to this Society at the next annual meeting.

The following bills were presented, and on motion, the Treasurer was instructed to pay them:

8. Wickes	15	51
J. Reuck	7	00
Wm. Pierson, Jr	18	00
Wm. Elmer, Jr	5	83

The committee to whom was referred the communication from Camden Pharmaceutical Association, reported as follows:

That after examining the papers placed in their hands, they decided to present them in full to this Society, with the recommendation that the Society endorse the Richmond paper and send it to the American Medical Association, believing that if such changes are made, they should be unanimously adopted throughout the States. All of which is respectfully submitted.

E. P. NICHOLS, WM. ELMER, JR., THOS. F. CULLEN,

The recommendation of the committee was adopted.

It was voted that the Standing Committee be allowed to publish such number of copies of the transactions as in their judgment it may seem best.

It was voted that the hour of the next annual meeting be 7.30 P. M.

It was voted that the President have the power to appoint a Committee of Arrangements for the next meeting.

Dr. W. W. L. Phillips proposed the name of Dr. Weir Mitchell, of Philadelphia, for election to honorary membership.

The nomination was referred to the following committee: Drs. Phillips, Sheppard and R. W. Elmer.

Dr. E. P. Townsend, of Beverly, was appointed Essayist. On motion of E. M. Hunt, it was

Resolved, That after the reading of the report of Standing Committee, one-half hour be devoted to remarks thereupon and recital of cases, the Counties being called upon in their order, the remarks of each person being limited to five minutes.

On motion of W. Elmer, Jr., the following were adopted:

WHEREAS, The Medical Society of New Jersey are under many obligations to those who have so generously provided for our hospitable entertainment during the present session; therefore, be it

Resolved, That the thanks of this Society are eminently due, and are hereby tendered to the Committee of Arrangements, to the Camden Medical Society, and to the Board of Directors of the Camden and Atlantic R. R. Co., for their kindness to the Society at their annual meeting.

Adjourned.

WM. PIERSON, JR.,

Recording Secretary.

APPENDIX TO THE MINUTES.

[NUMBER I.]

TREASURER'S REPORT.

Atlantic City, N. J., May 26th, 1875. To the Medical Society of New Jersey:

Your Treasurer has the pleasure to report that he re	ceived fro	m his pre-
decessor the sum of	• • • • • • • •	\$1,316.00
There was collected at Long Branch the sum of \$688	.50, as	
follows:		
Passaic County	\$ 45.00	
Hunterdon	24.00	
Warren	21.00	
Cumberland.	25.50	
Burlington	86.00	
Essex	85.50	
Mercer	45.50	
Sussex	43.50	
Bergen	21.00	
Camden	87.50	
Union	55.50	
Somerset	13.50	
Middlesex	27.00	
Monmouth	36.00	
Morris	27.00	
Hudson	90.00	
		638.50
Making a total		\$1,949.50
The following sums have been disbursed:		
Wm. Pierson, Jr.,		11.60
Wm. Elmer, Jr.,	• • • • • • •	3.90
J. M. Reuck		5.00

It will thus be seen that our fund accumulates slowly. In view of the propriety of continuing to accumulate until a larger fund shall have been secured, I have the honor to recommend that the assessment for the coming year be as heretofore, \$2.00 per capita for the members of the District Societies.

WM. W. L. PHILLIPS, Treasurer.

[APPENDIX NO. II.]

REPORT OF THE CORRESPONDING SECRETARY.

TRENTON, MAY 24TH, 1875.

To the Medical Society of New Jersey:

The Corresponding Secretary would respectfully report that he has attended to the official duties devolving upon him for the year past.

The Transactions for 1874 were received and distributed to the honorary members, and to some of the more prominent medical journals of the United States. This year we have had the pleasure of effecting exchanges also with the Medical Societies of the following States: Maine, Rhode Island, Massachusetts, New York, Pennsylvania, North Carolina, South Carolina, also Michigan, Wisconsin, Missouri and California. We have likewise received reports of State Boards of Health of Massachusetts, and of the City of Cincinnati, with the "Quarterly Summary of the Proceedings of the College of Physicians of Philadelphia," and "Transactions of New York Academy of Medicine."

In comparing our own Transactions with those thus received, we cannot but note the fact—of which we, as a Society, may justly feel proud—that in size, in interest, and in value, they far exceed those of any other State Society, except, perhaps, those of New York and Pennsylvania, where, with a larger membership, embodying therein the accumulated talent of the principal Medi-

cal Institutions of the country, we naturally expect their scientific papers to possess superior merit; but our own publications will favorably rank even with these. In no other do we find either that valuable compendium of the health of the different counties as collected in the annual report of the Chairman of our Standing Committee, and reflecting, as it were, at a glance, the sanitary condition of the whole State for the past year, as regards epidemic visitations, general mortality, or the exemption of certain parts from prevalent diseases. This is a feature, we believe, peculiar to our own Society, and one not only sedulously to be maintained by ourselves, but well worthy of imitation by others.

Respectfully submitted,

W. ELMER, Cor. Secretary.

[APPENDIX No. III.]

REPORT OF DELEGATES TO THE AMERICAN MEDICAL ASSOCIATION.

To the Medical Society of New Jersey:

The undersigned, delegate to the American Medical Association, respectfully reports that he has attended two meetings of that Association, since the last meeting of this Society. The first of these meetings was held at Detroit, Michigan, on the second of June, 1874. Besides himself, there were present from New Jersey, Drs. C. F. Deahler, T. J. Thomason, and I. G. Ryerson, of this Society, Dr. H. W. Elmer, of Cumberland, Drs. J. Miller and D. M. Sayre, of Sussex, and Dr. H. H. James, of Union County District Medical Society.

The meeting was large, harmonious, and in every way a success.

An amendment to the constitution was adopted, which is in accordance with the instructions given your delegates, and restricts the members to delegates from State, District and County Societies, and those recognized by State Societies, thus cutting off in the future delegates from schools, colleges, hospitals and other organizations outside of and not recognized by State Societies. Under the provisions of the constitution, as it existed prior to this amendment, any body of medical men who, organized as such, and subscribed to the code of ethics, were entitled to representation. This in practice was found to be very objectionable; most, if not all, the difficulties arising from contested seats, &c., were due to this cause. This amendment, together with the establishment of a judicial council composed of twenty-

one members, to whom all questions of ethics, claims for membership, &c., are referred, and whose decision is final and binding, without appeal to the Association, has abolished all personal squabbles from the floor of the Association, and rendered its sessions harmonious and profitable.

The papers read, and the discussions on them which were had, were of the most interesting and profitable character, and redounded to the credit of the Association. It is not necessary here to particularize, as the transactions, published and before the profession for some months past, will speak for themselves. At this meeting Dr. Lilly, having been elected the previous year, acted as member of the judicial council. Dr. E. M. Hunt was placed on the Committee on State Medicine and Public Hygiene, and Dr. Blane on that of Necrology.

The next meeting was held at Louisville, Kentucky, and began its sessions on the 4th inst. Your delegate regrets to say that none of his colleagues attended. The only other delegate from New Jersey was Dr. T. B. Flagler, from the Morris County District Society.

This meeting was one of the largest ever held, nearly or quite five hundred delegates and permanent members having registered their names. Those who attended have no regrets for having done so. Kentucky hospitality, which is proverbial for its large-hearted generosity, threw its arms wide open for the entertainment and enjoyment of its guests. The meeting, like the last one held at Detroit, was characterized by great harmony and good feeling. The papers presented, and the discussions on the various scientific matters introduced, were interesting and profitable. A full account of these having found their way into the medical and other periodicals of the day, a description will not be expected from me. The judicial council, of which your delegate was a member, works to a charm. Some interesting and, to those immediately concerned, exciting questions were adjudicated and decided by that body, and so heartily acquiesced in that not a ripple was created to disturb the peaceful waters of the Association. Had these questions arose in and been made the subject of discussion in the general meeting of that body, the most disastrous consequences would have ensued.

The next meeting of the Association will be held in Philadelphia, on the first Tuesday in June, 1876, at which time and place a full delegation from this Society and State will no doubt be present, a consummation devoutly to be wished, as no voluntary association can be expected to prosper unless the profession generally take such an interest in its success as to make some sacrifice to be present at its meetings, and no gentleman should seek or accept the appointment of delegate unless he attends, subject, however, to unavoidable contingencies.

Our State and Society was duly regarded in the distribution of the honors of the Association, your delegate being elected one of the Vice-Presidents, Dr. Flagler taking his place in the judicial committee, Dr. E. M. Hunt being made secretary of the section on State medicine and public hygiene, and Dr. Blane continued a member of the committee on necrology.

Respectfully submitted,

SAMUEL LILLY.

DATED MAY 26, 1875.

[APPENDIX NO. IV.]

REPORT OF THE DELEGATE TO THE RHODE ISLAND STATE MEDICAL SOCIETY.

Your delegate to the Medical Society of the State of Rhode Island would respectfully report:

The Society convened in the city of Providence, June 9th, 1874, this being its Sixty-Third Annual Meeting. Dr. Lloyd Morton, of Pawtucket, was its President, and Dr. E. W. Harris, Secretary. Without giving in extense the proceedings of this interesting meeting, there are certain parts to which I would like particularly to direct your attention.

The first paper of which I would like to make mention, was one read by Dr. Timothy Newell, on the "Physical Development of Young Children, with special reference to our System of Public Schools." It was an able production; many of the imperfections of the present system were stated, and appropriate methods for improvements suggested. The kintergarten system was approved, and its early adoption urged, a suggestion which provoked considerable discussion and diversity of opinion.

The report of the Registration Committee, by its Chairman, Dr. Snow, the veteran statistician, was read, and contained a vast amount of important information, as Dr. Snow's reports always do. He did not fail to call the members to account for failing to forward their returns, and to suggest many improvements in their character.

It occurred to me that this system, adopted by Rhode Island, of keeping as accurate a registration as possible of the different varieties of vital and mortuary statistics, was one which it would be well for the New Jersey State Medical Society to adopt.

It is a custom of this Society, annually to appoint some person who shall deliver an oration upon some medical subject. I cannot say that I should

recommend such a measure to this Society, fearing it might afford too boundless a field for the display of the oratorical talent of our younger members, while also it might develop the spirit of fierce competition for the enviable konor of being the orator elect.

After the routine business was concluded the Society adjourned to a neighboring hall, where a most bountiful dinner was provided. His Excellency, the Governor of the State, and many distinguished guests, were present. Numerous toasts were offered, which were responded to with considerable celat.

To state that your delegate was most cordially received and most hospitably entertained, would but inadequately express his high appreciation of the numerous and delicate attentions which were literally heaped upon him, and which will ever be held in most grateful remembrance.

A. H. WOODHULL.

[APPENDIX NO. V.]

To the Medical Society of New Jersey:

The undersigned, appointed by the Society at its last annual meeting a delegate to the Massachusetts Society, reports, that too late for attendance upon its meeting, he found out that the Massachusetts Society met on the 2d and 3rd of June. He, at the same time, reports for the information of this Society, that the next annual meeting of the Massachusetts Society is held in Boston, on Tuesday and Wednesday, June 8th and 9th.

J. L. BODINE.

ADDRESS BY THE PRESIDENT.

Gentlemen of the Medical Society of New Jersey:

One hundred and nine years have elapsed since the organization of this Society; and in accordance with its time-honored custom and your suffrage, it is expected of me to deliver the annual address, and preside over the deliberations of this body, in its session in this "City by the Sea."

To those of us now present, this is a festive occasion. Temporarily free from professional cares; leaving the toils of a year over the ills and ails to which our race is heir, again we strike hands in an annual reunion—a reunion which has for its object the good order and well-being of this ancient fraternity, composed of men of learning and experience in a calling so important, that doubtless, each delegate feels it a sacrifice to leave his post and present himself here to aid in performing the rites and duties we owe to ourselves, our patrons, our profession, and the world.

I see before me representatives from all sections of our State, and delegated guests from sister States, with friends and Fellows, whom I cordially welcome to whatever of pleasure or profit may accrue from this dignified assemblage.

The oldest Medical Society on the continent, this body, honorable with age, to-day comes up to its work, with the buoyancy of youth, and the vigor of manhood; characterized by the spirit of the fathers, both progressive and

aggressive; overcoming the reverses of wars, and possessing new territory. Its existence antedates the revolutionary period, and, since that, has timed the pulse in every crisis, and now promises to be not less energetic to participate in the grand centennial, than in the struggle for national life.

Ever progressive and apace with the times, a movement of aggression sweeps over the field, and to-day brings us upon new grounds. In colonial times our province was the abode of a sparse population, but as the Centennial approaches, we number our people by the million. We are united from the mountains to the sands of the sea, near which we are this day assembled, amid beautiful surroundings, and kind friends, the remembrance of whom we shall ever cherish.

And now, as in other days, with open doors we admit delegates from newly constituted District Societies, and here extend the hand of fellowship to the first representatives from the county of Ocean.

With these introductions, and your forbearance, I shall now attempt, formidable though the undertaking may seem, to interest you with what I may say with reference to "The Medical Profession."

Necessity has ever agitated the mind of man, and called forth efforts requisite to supply his needs; and so there seems to be a law, that *demand* and *supply* shall ever keep within hailing distance of each other. The former pressing and stimulating into active service every faculty instrumental in supplying man's wants.

To fit the land for a habitation, the dense forest must be removed, and there must, of necessity, be the woodman with his axe; to till the soil, there must be the husbandman with his plow and sickle; and to navigate the deep, there must be the mariner with his quadrant and needle; and to meet the demands of the woodman, husbandman and

mariner, we learn that Tubal Cain and others, early distinguished themselves in the working of metals. And not alone those whose attention was directed to the arts from necessity, but the bodily ills and wounds from which man suffered, summoned to his relief whatever could best aid nature in restoring health, or in removing the cause of the disease. Thus originated the "healing art."

The rise and progress of the Medical Profession antedates the days of the earliest historian; and we are left to conjecture whether Adam and his consort suffered from the abuses of their stomachs, or Eve called for the midwife in the sorrow of her first parturition.

Whether man came into existence by the accredited way of the sacred historian, Moses, or had his descent according to the speculations of Darwin, I am not here to discuss. But sufficient is our knowledge of the fact, that disease and death has ever followed the race, causing physical suffering, and final dissolution; and whosoever is able to alleviate pain in these extremities, is earnestly entreated for such temporary relief as he may be able to give.

The writer of the Pentateuch tells us that by a single act of disobedience, death came into the world, and by the same act came a train of circumstances that gave rise to disease in its manifold forms.

The same historian tells us of the longevity of the early fathers, and the afflictions that befell some. He informs us of physical suffering near 4,000 years ago. The illness of Jacob; the sore boils that covered the body of the Emir of Uz, from his crown to his sole; and the fatality of reptile poison in the Israelitish camp in the wilderness. He also mentions, with due regard, the midwives of Egypt, and before, that Rachael died in child-birth, and a little later, the young prophet Jeremiah, figurative in his language, says, "is there no balm in Gilead, is there no physician

there?" which tends to establish the fact that in those first centuries there was not only physical suffering, but a Materia Medica and those skilled in the Practice of Medicine.

Reflections from Æsculapius were extant, and master spirits strove early to excel. From his preceptor, Herodicus, we are told Hippocrates learned the art of healing, and was the most eminent physician of antiquity, justly styled the "Father of Medicine." Soranus relates that he acquired fame by checking the ravages of the plague in Athens, and, for it, was awarded the freedom of that city, with other honors. His superior talents, his rare sagacity, and his signal success, inspired universal confidence and respect. He continued the reform begun by his ancestors, by substituting experiment and observation for speculative theories, and paid more attention to the changes of the elements, and locality. He left many useful works to the world; of which his "Prognosticks," "Aperiun," "Air, Water, and Locality," are the more prominent.

Democritus, and Empedocles, both physicians of celebrity, left valuable works on medicine about five centuries before Christ, while Scribonus and others, with marked ability, practiced the art of healing in the intervening centuries up to the Christian era.

These men of medicine, whose names are illustrious, were authors of merit; not only in medicine, but philosophy, ethics, and law, showing breadth of culture, combined with native ability, and were able to cope with their cotemporaries, such as Socrates, Xenophon, Horace, and others, Their investigations and appliances were such as obtain special favor from those well calculated to judge.

Their treatises on Hygiene were in keeping with those on Materia Medica, and special appliances which were generally in use, such as the sudorifics in their different forms. Horace thus alludes to the vapor baths of Bria:

"Sone mysteta relinqui, Dictaque cessentini nervis elidere morbum Sulphura contemni vices gemit."—Epist. 1:15.

Upon which Sonadon remarks: "By 'Sulphura,' the poet means the stoves where sulphurous vapors exhaling from the earth, caused dry heat, which provokes sweat."

Horace also makes mention of the laxative properties of oysters, cockles, dock, and white wine:

"Si dura morabitur alvus Mitules et vilus pellent, obstantia conches, Et Lapathi brevis herbi, sed albo non sine coo."—Sat. ii : 4.

Many works of these antiquated authors are extant, and we have access to them only by the references of those who have entered into their labors. Through all the earlier ages, are found valuable works that reflect credit upon their authors, and place them with the illustrious of the times in which they lived.

It was not possible in the beginning, for men of any profession to have attained the degree of advancement which characterizes the present. The circumstances and conditions of the primitive race furnished less opportunities, and neither occasion nor necessity gave impulse equal to that of a more advanced period, though there was much to have demanded the skill of later days.

"The Medical Profession," in the days of antiquity, was not in arrears with any movement of a learned and professional character, and in its ranks were found the foremost men. Hippocrates was not only learned in medicine, but was a man of culture; in philosophy, and the arts, he scarce had his equal. The record of his research and experiment in the profession of medicine alone, reveals the fact that he was a master in the times in which he lived, not only in medicine, but in the general literature of his day.

With these advances we now approach the Christian Era, and touch upon a few characters to illustrate "The Medical Profession," as it existed in these times. More than rudimentary, and far from perfection, we are left on many points to conjecture, though from important writings we find a foundation upon which to rear a great structure, but not without renovation to some extent. Anatomy had not been overlooked, although the more minute structure was not well understood. Physiology claimed special attention, and was a wide field for extensive speculation. Materia Medica had many admirers, and was thought by some quite perfected, as many articles had been collected and used with remarkable results. Surgery was more mechanical than scientific, for want of development in other branches. As to Prognostics and the Practice of Medicine, it had won for itself an indisputable reputation, and, as a whole, "The Medical Profession" was firmly established as one of the inestimable demands in the progress of events.

How well anatomy, with its relations, were understood, we are not disposed to overlook. The accounts of the sufferings and death of Christ, as given by the sacred authorities, show a knowledge of the parts sufficient for their purposes. We are told, in the torture of the crucifixion, the crowning act was to break the bones of the legs of the crucified. But in the death of Christ they seemed no longer willing to trust to their usual mode of cruel torture, but from the hand of the Roman soldier, the instrument of death not only passed through the walls of the thorax, but severed the pericardium, and, doubtless, penetrated the heart itself, from which flowed both blood and water.

As to the position held by those who were connected with "The Medical Profession" in the early part of this era, and their comparative ability with others of their day, we

have only to refer to the name and works of Luke, "the beloved physician;" not only an ornament to his chosen profession, but foremost of the sacred writers of the gospel, with an appendix of apostolic acts. Like his predecessors in the art of healing, he was not only learned in medicine, but scholastic in culture, as his familiar writings show.

Celsus also lived in the same century with Luke, and was a celebrated Latin writer on medicine, rhetoric and agriculture. His style is elegant, concise, clear, and equal in purity to the classic writers of the Augustin age. He adopted mostly the doctrines of Hippocrates and Asclepiades, and treats impartially the prevailing sects of his time—the Empirics, Methodists and Dogmatists. His treatises have been much used in modern times, insomuch that fifteen editions were used in the sixteenth century.

In this same century lived his peer, the distinguished physician and author, Asclepiades, who wrote ten books on medicine, which are not now extant, but which were considered the standard works of that century, and were accepted by Galen, who illumined the world an age later.

In this century, too, Botany was not neglected; for Dioscorides, the celebrated Greek botanist, wrote an elaborate work on Materia Medica, in which more than five hundred plants are described or named. A passage from his book informs us that he traveled through Asia Minor, Greece, and a part of Italy, to qualify himself for such a task. For sixteen centuries his works were considered the highest authority, and were universally studied by medical students and botanists. Though his arrangement was incomplete, Galen says that he surpassed all who wrote before him on plants. His works became the basis of modern treatises on botany, which science derives nearly all its nomenclature from him.

Thus the first century of the Christian era produced men

in the Medical Profession, who laid a sure foundation for the ages to come.

In the second century, the illustrious Galen stands at the head of our profession. He was also versed in Platonic and Peripatetic philosophies, and was instructed in anatomy by Satyrus. In his youth he visited several foreign countries, to perfect his education in the best schools, after which he practiced medicine in Rome, and acquired great celebrity in medicine and surgery, obtained the confidence of Marcus Aurelius, and was appointed physician to Commodius, the heir of the empire. He did much to advance medical science, lectured on anatomy while in Rome, wrote many valuable works on ethics, logic and philosophy, in one of which he praises the temperance and self-denial of the Christians. In his works on medicine he was clear and concise, and in his revision of numerous other works he rejected much, so that his writings and compilations stood as a text for thirteen centuries.

In the third and fourth centuries the profession seemed to have no greater accession than Orbassius, at the close of the latter. His life and writings were of a superior order, and of his discoveries, that of the salivary glands is the most prominent.

The fifth century is accredited with the gift of Aëtius, who lived about its close. He attained great eminence in his profession, and continued to be looked to as one of the highest authorities in medicine and surgery during a long succession of ages. All the medical authorities of the distinguished Arabian period quote his opinions on almost every page of their works, and never fail to recognize him as one of the most eminent of their Grecian masters.

From the sixth to the twelfth century, medicine, in common with other sciences, made slow advances and had few exponents of notoriety. Paulus Ægineta wrote worthily

in the seventh century, while in the latter portion of this period the Arabians began to be distinguished in this science, having received their first principles from Galen and his successors. Haly Abbes is considered by some as the most complete writer on medicine of these times, and was followed years later by Averohoes, who was the most famous of all the Arabian philosophers and physicians in in the twelfth century. His celebrity as a writer rests chiefly on his commentary of Aristotle, which in the middle ages obtained for him the title of the Commentator. He is mentioned by Dante in the "Inferno."—Canto iv.

"Averoeis che in gean comento feo."

He wrote on medicine, theology, law and ethics, and for the value of these productions they were translated into both Latin and Hebrew.

The thirteenth, fourteenth and fifteenth centuries were fraught with many changes, increasing in capacity in the sixteenth and seventeenth. Like the doctrines held by Hippocrites and Galen, there followed a succession of masters who joined in the work of improvement and reform. Mondini advances in anatomy and the appearances of new diseases. A more liberal spirit of investigation took the place of slavish adherence to antiquated prejudice. the fall of the Galenic system was prepared, which was completed in the sixteenth century, and forms the essential part of the reformation produced by Theophrastes Paracel-The Chemico-Theosophical System of this enthusiast was refined and arranged by Von Helmot, when it was deprived of its theosophical character and passed into the chemico-material system of Stahl; when, soon after, Harvey discovered the circulation of the blood, and the doctrine of Alphonos Borelli developed itself, which finally

took the shape of the Dynamic system, from which the dynamic schools of modern times proceeded.

With the past two centuries the medical profession has won the golden opinions of the world, from its established principles and utility, embracing within itself a germ of perpetuation. It is required for a thorough knowledge of medicine that the whole range of natural sciences be understood. To comprehend comparative anatomy with physiology, zoology cannot be omitted; and for Materia Medica, its essentials are mineralogy, botany and chemistry. Surgery, with its practice of medicine and obstetrics, shines in scholastic culture, yet with all the proof in favor of our well-established facts we are too often misrepresented by those whose understanding and doctrine would have better graced the by-gone centuries when, their ignorance would have been their excuse.

In these times every real professionist is a student and contributor; and with our present means of instant communication, the worthy additions are at once applied, and we are not only thus enlarging our field of usefulness professionally, but unveiling the great principles that underlie many of the arts and sciences.

The limits of the Medical Profession are unbounded, as its usefulness extends to all classes and conditions. Disease is everywhere to be met, and relief from its ravages is ever required. The physician, surgeon and obstetrician find, the world over, a proportionate amount of work. The crowded populace of the city with her fixed habits and far-fetched supplies, have a proportion of disease common to such life; while the ruralist, who both produces and consumes, has his share of afflictions no less grave in their nature, nor free from fatality. Isolated on land or sea, disease and death are a common fate; and the physician, like the good Samaritan, is everywhere welcome.

There are times and circumstances when specialties seem to be the order. The physician, in the ravages of disease, is usually alone in the conflict. With the arrayed military hosts the surgeon is paramount; but as the smoke of the battle vanishes the surgeon blends into the physician, with his remedies and results. The obstetrician, whose special skill comes first in every case, must of necessity use the same remedies, but proportionate to the old and young. Thus the work of the Medical Profession is so complicated, yet comprehensive, that in order to be successful in one part we must be learned in another.

There are many departments in the natural sciences as nearly allied as the physician, surgeon and obstetrician, and are indispensable to the study of what is termed medicine or its practice. Mineralogy and botany, the source of the Materia Medica, cannot be overlooked, for in these are located the remedies with chemistry in their preparation and therapeutic action—especially for the compatables and incompatables. Physiology links in with philosophy, and even calls mathematics into account. Geology, physical geography, meteorology and climatology solve many abstruse problems that underlie the first principles of sanitary work.

The science of medicine needs the disciplined mind; and no one should think of taking upon himself so great a responsibility until superior qualifications had been attained. In carrying forward all that pertains to the Medical Profession, all other arts and sciences are laid under contribution; and in search for material remedies, either vegetable or mineral, discoveries are made and valuations fixed; and in the extensive preparation of drugs, pharmacy is largely called into requisition.

In the pursuit of arts and manufactures, as well as in the working of the mines, and in all varieties of exploration, medicine needs consulting, not only for its fixed principles in science, but for safety in life and limb. As a science it cannot *give* life, but can remove causes that tend to shorten it, and aid nature in her work of restoration from countless maladies.

Invaluable is the science of medicine! Its past is pregnant with illustrious worth. Its present gratifies the highest ambition; and its future is looked to with the proudest hopes. To it the world is indebted for much of her well-being to-day. The hygienic impressions on society, the sanitary influences enforced, with multiplied benefits lavished everywhere with an open hand, leaves but few to suffer from what our art cannot relieve. No sacrifice has been too great to advance the work. Disease in all its forms, whether contagious or otherwise, has been studied in the face of fatal consequences and of death. The malarial districts have been traversed for remedies; the plague and its fearful ravages have been met and appeared; the maimed on many a field of carnage have had the full benefit of the art of healing, and in all this not a few of our members have died martyrs.

General health and increased longevity are in a great measure due to-day to those who have chosen *duty* at the expense of peril, and who have for their consolation the injunction of the Psalmist (xci.:5-6), "Thou shalt not be afraid of the terror by night, nor for the arrow that flieth by day. Nor for the pestilence that walketh in darkness; nor for the destruction that wasteth at noonday."

The daring risks of many a professional hero meet the danger and chain the monster at a distance. Jenner banished the King of Terrors more than a hundred years ago. Yet an ungrateful world has not seen fit to celebrate his centennial. The hosts who have contributed to the world's well-being by grand acts of self-denial, are not so paraded as the less worthy for trivial deeds.

The Medical Profession, the outgrowth of necessity, is self-reliant, and has the germ and elements within itself for perpetuation and growth. No one entering the profession has the assurance of a princely fortune, but takes the risks of warfaring at his own expense, trusting his success to the justice of his cause.

Schools of medicine, on the continent and abroad, make no pretensions to perfection, but to investigate and teach such facts as are established, let them be received or rejected by the world at large. The silent thoughts of Darwin shook the world like an earthquake, when many biased thinkers went in search for rents and fissures in the old foundation upon which they so firmly stood. But like the quaking of other days, when these resounding thunders ceased, there followed more copious showers. Our schools of medicine are mainly founded upon a basis of self-reliance, and with few exceptions on this continent, depend solely upon merit for support and success. These schools far outnumber those of other professions, with an increased number under tutelage, and thorough curriculum, and by pursuing this rigid course the medical profession has not only kept pace with every age and advancement, but has given valuable additions to other professions, and pioneered in every advance of the world. Dr. Kane neared the North Pole at the cost of his life, and Dr. Livingstone forever closed his eyes on that wild land whose wealth and wonders he for thirty years had bravely struggled to unfold. Yet in the midst of all the advances of science, and the dignity of an honored and useful profession, we are oftimes unfortunately ranked with those who are mere parasites, while the ignorant of a profession of more pretended piety are singing the sweet lull-la-bys of similia similibus curanter. Should they have a single idea of a dose of medicine, or its value, they would conceive that a millionth part of the same dose would be in that proportion less; and quite as well may one subsist upon the shadows of his food as to be relieved from his sufferings by their infinitessimal pellets. We, for the present, may throw the mantle of charity over the inexcusable ignorance of those of whom we might expect better things, and wait until bitter experience convinces them of their errors. As in other days, there are those now, who without knowledge or regard for the science, have a dispotition to satiate their greed by what they term Eclecticism, and represent themselves to the world as possessing all that is known to be good or of use in the art of healing. But this has only its impress for the time, and like bartering in diplomas even for young children, they are counterfeits in the hands of their possessors.

In the face of many daring impostors, the Medical Profession to-day holds a most prominent position among the learned professions, being governed by a code of ethics and a sense of true dignity and honor which not only insures universal confidence, but to each other personal regard.

With full confidence in the art of restoration, the world is bringing together all conditions of our race that it is possible to relieve. In carrying forward this great work, public beneficence and private charities have provided hospitals and asylums with liberal provisions. With these gifts to humanity, physical suffering must grow less.

Schools of medicine, and their kindred schools, are now far in advance of any former period, but the time given to tutilage is too limited for the great task to be performed. In order to become a master in the art, too much is left to be finished when other duties are pressing hard. With sufficient academic culture from our more elaborate institutions, four years more in a prescribed curriculum is not too long to develop the capabilities of this noble profession.

As members of this great body, we are having our day at

the onset of the strife. From all ages past there has been a marshalling and disciplining for the great conflict to come, and we who live at the close of this nineteenth century are expected to a man not to fail on the field of carnage. The enemy which we are expected to conquer has too often led the captive into the hands of the grim monster, and every arrest and restoration that we can make in this fearful conflict proves our worthiness of the great trust that the world confides in us. And while the engagement lasts, we, who see where we can improve, should not omit our contributions to the science we represent, that the valuable additions of our day may surpass that of all others.

We live, too, at a time when our sanitary influence is required, and like the adage, "an ounce of prevention is worth more than a pound of cure," every political division of proper dimensions should have her well-regulated sanitary commission at work, composed of the best talent the profession can afford; for the food we eat, the water we drink, the raiment we wear, and the very air we breathe can be improved to make life more pleasant, longer and happier.

In conclusion, I would not omit our own field of labor. New Jersey presents a variety of geological and geographical characteristics, with a corresponding variety in soil, climate and industrial pursuits, hence the diseases to which our citizens are subject are by no means uniform.

The sanitary well-being of our commonwealth is, in a great measure, intrusted to us. Let us see to it that we are not recreant to this solemn trust. As a profession we are an organized body, and in this State have been the pioneers in the work of association. Each one of us should faithfully contribute to our respective District Societies every thing coming under our observation that will advance the interests of our profession, and these Societies should communicate with this honored body.

I hope that valuable papers in connection with the report of the "Standing Committee," the "Vice President's Essay," "Causes of Insanity," and "Legislative Protection," will be presented before this assembly adjourn.

I tender my sincere thanks for the attention given to my remarks, and for the honor which this body has conferred upon me. I remember cherished acquaintances formed at these annual reunions in days gone by. Some are present to-day; others have gone into the presence of that Great Physician, whose word alone restores not only to health but to life. My brothers, let us so live that when the summons comes, we shall not fear to meet Him.

ESSAY.

BY H. R. BALDWIN, M. D., OF NEW BRUNSWICK.

Precision in Diagnosis.

Gentlemen of the Medical Society of New Jersey:

Eight years ago I became the recipient of your favor in making me Treasurer of your Society. My thanks are due for this, as well as for the confidence shown in continuing to honor me with a re-election during these long years. In this official relation it has been my fortune to meet many of our profession throughout the State, and it is with pleasure that I can testify to their uniform courtesy and There is, however, additional reason for testifying to your good feeling. Upon my election as Treasurer the idea of accumulating a permanent fund, the interest of which would enable us to publish our transactions without default and without legislative aid, and at the same time lay but a slight imposition upon the several District Societies, was suggested. This was the goal of my Whatever of success may have attended this ambition. effort is entirely due to your kind co-operation and that of the gentlemen of the Standing Committee. Allow me to thank the profession for the noble manner in which they have seconded my desire. It is gratifying to know that I place in the hands of my successor a sum which is a fair nucleus for the future. Raised to my present position through your kind courtesy, allow me to tender again my hearty thanks for this renewed evidence of your esteem.

As third Vice-President of your Society, it becomes my duty to address you upon some theme connected with our professional duties. This seems to me a position not meant for forensic display, but by a few simple, kind words, to emulate each other to renewed diligence in the pursuit of our avocation, and perchance awaken a new desire for increased accuracy and more comprehensive views of disease and diseased action. I propose, then, to call your attention to a brief history of Diagnosis, and a few thoughts upon Precision in the same department of medicine.

Although it is highly probable that from the earliest ages there were persons who attempted the alleviation of human distress and suffering, and devoted themselves specifically to the healing art, still the conclusion is drawn more from the constitution of the human mind than from any well authenticated history. There is evidence that the Egyptians devoted much attention to medicine, for the knowledge possessed by the Grecians is acknowledged to have been obtained from this source. The centaur Chiron, who flourished in the thirteenth century before the Christian era, has obtained the credit of first instructing the Grecians in the art of medicine. Among his pupils was Æsculapius, who became more celebrated than his preceptor, so that after his death divine honors were paid to him, bulls and goats being offered in sacrifice.

From this period there seems to have been no material progress made in medical knowledge until the time of Pythagoras, who, although a philosopher and not a practitioner of medicine, devoted himself to the study of the anatomy and physiology of the human body. This was about the sixth century before the Christian era.

The Æsclepiadæ had, in the meantime, continued to perform cures, and were in general the repository of medical knowledge. Their practice was, however, almost entirely

empirical and based largely upon the superstitions of the age. About the middle of the fifth century before the Christian era we find the first distinct effort to reduce medicine to a scientific basis.

The great physician of Cos, by a series of careful observations and deductions, first elevated the art from its deceits and ignorance, and made attempts at Diagnosis. defined diseases as epidemic, endemic and sporadic. also noted the advent, height, decline and termination of disorders, and from marked tendencies in diseases to reach a climax on certain days deduced the idea of critical days. By a careful observation of the seasons, the temperature, and the phenomena of disease, he succeeded in opening the way to enlarged views and legitimate conclusions. There can be no doubt that the high and permanent reputation of this great man depended most largely upon his capacity of diagnosing disease, and the great sagacity of his prognosis. The deficiency of anatomical knowledge was, however, an insuperable barrier to a correct delineation of disease, and it is difficult for the practitioner of the present day to realize what uncertainties must have attended most of the explorations of the ancients.

About a century after the death of Hippocrates, the school of medicine, which had during this period been resident in Greece, was, in consequence of the establishment of the museum and library at Alexandria, transferred to Egypt. Among the disciples of this school were Erasistratus and Herophilus, who are said to be the first to have attained a knowledge of the anatomy of the human body by dissection. The bodies of criminals were given over to them for this purpose, and they ascertained new and important facts concerning the brain and the nerves, and are said to have discovered the valves of the heart. Herophilus paid particular attention to the pulse, which had heretofore received little notice.

About this period the medical world was divided into two sects—the dogmatists and the empirics. The dogmatists maintained that before we attempt to cure disease we are to make ourselves acquainted with the structure and functions of the body, of the changes which are produced in it by various morbid causes, and the influence of remedies in modifying or counteracting them. The empirics affirmed that experience, either derived from personal observation or dependent upon reliable testimony, is our only sure guide in practice. These latter views were earnestly supported by Serapion, of Alexandria, who is said to have been a pupil of Herophilus. From our standpoint we can easily see that neither were entirely correct, but that both reason and experience are to be diligently used in the exploration of disease.

It was nearly a century before Æsclepiades, of Bithynia, appears upon the theatre of action, who, although without regular medical education, was a man of acute perceptions, and established the division of acute and chronic diseases. Although many physicians of celebrity followed Æsclepiades, none contributed anything to the new development of diagnosis until the time of Galen, of Pergamus, who enjoyed advantages of birth and education, which enabled him to secure the most advanced ideas of medical science at that time. A man of profound convictions, he relied much upon his reason, and founded the sect of the humoralists. So great was the fame of Galen that for thirteen hundred years it was considered in the highest degree heterodox to question his views and teachings.

The advent of Mahomet, the spread of his theology, and the consequent wars, for a time absorbed science and scholastic pursuits; but about the eighth century of the Christian era the Saracens began to pay particular attention to medicine, and soon thereafter Rhages particularly studied cutaneous disorders, and his description of small-pox is still extant and familiar to many here present.

From this time forward until the middle of the fifteenth century a darkness most profound reigned in the human mind; but the discovery of the art of printing at this period lent a new impulse to all investigations, and at about the middle of the sixteenth century Vesalius, availing himself of the spirit of inquiry which had been awakened, paid a stricter attention to anatomy, which had lain somewhat dormant since the time of Galen, and added largely to the researches in this branch of medicine which are so necessary to an investigation of morbid changes in either the fluids or solids of the body.

We cannot at this period fail to recognize the influence of the principles laid down by Bacon in the development of truth. Although not a physician, he taught us how to use the facts already known, and in what manner to draw deductions from stated premises.

The discovery of the circulation of the blood, by William Harvey, and his published treatise in the year 1628, cannot be forgotten as marking an era in the development of facilities for diagnosis such as the world were before ignorant of. An exactness and certainty were acquired regarding all physiological as well as pathological researches, the advantages of which cannot be over-estimated. Although at this period there was an attempt to introduce mechanics as bearing upon medical opinions by a sect of mathematical physicians, prominent among whom stands Bellini, of Florence, yet the opinions were fanciful, and cannot be said to have proved serviceable in the research after truth.

The great Stahl, who was a native of Germany, and an independent thinker, and who devoted himself especially to chemistry, soon perceived that the changes which the fluids undergo in the body were completely unlike what

they would have experienced if placed in ordinary circumstances. As it was well known that substances similar to those which constitute the body rapidly tend to dissolution, he therefore concluded that when forming a part of the organism they must be possessed of some force or principle to counteract the effects which would otherwise have been produced. This principle he called *anima*, and believed it to possess peculiar qualities distinct from those which belong to matter. In fact, it was this that gave to the body all those properties which are strictly denominated vital.

Following Stahl, about the middle of the seventeenth century, Hoffman promulgated new views in pathology, among which was the assertion that, in many instances, the causes of disease may be more easily traced to some affection of the solids than to any alteration in the fluids of the body. He endeavored to explain this view by introducing the operation of what he called spasm or atony, according to which the moving fibre is endued with a certain action or tone which constitutes its healthy state, which may be morbidly increased, causing spasm, or diminished, giving rise to atony. He also recognized the nervous system as being intimately connected with the production of disease.

From the middle of the eighteenth century, scholastic disputation was entirely disregarded, and the exertions which were previously directed to the accumulation of learning were now bestowed on the acquisition of knowledge. Before this period the whole medical world were divided into two or three sects, and it was thought to be absolutely essential for every one to attach himself to one or the other of these schools. But from this time observation and experiment were diligently pursued, and the mind, casting off the influence of the theories of the past and of the great names which had supported them, assumed an inde-

pendence and self-reliance which materially aided the progress of inquiry.

Men of genius and sagacity, such as Boerhaave, Cullen, Brown, Whyatt and Bichat, each in their respective departments contributed much to the advance of medical knowledge, either by speculations, which awakened interest, or by the substantial results of laborious research.

It will thus be seen how slow and tedious have been the developments of knowledge. The labors of centuries and the lives of a thousand generations have been necessary to clear away the obscurities of ignorance—observations and experience recorded and corrected—theoretical teaching insisted upon and abandoned. The best thoughts of eminent medical men not only, but philosophy and philosophers, have all added much to our present enlarged and splendid opportunities for forming correct opinions and engaging in successful practice. This, then, is the heir-loom of the past. We may now be said to have arrived at the golden period in the history of medicine, and it will not be improper for us to consider our duty as diagnosticians, under these circumstances.

Before attempting to set forth the duty of the practitioner, it will be well for us to remember that early in the present century Magendie had, by his brilliant experiments, shed a flood of light upon physiology; that Sir Charles Bell had explained the operations of the nervous system; that Laennec had made known his views on mediate auscultation and the use of the stethescope; that later, Marshal Hall had promulgated his views of reflex action; and that Brown Sequard has amplified and perfected our notions regarding nervous force.

These, with the multitudinous facts and facilities which have thrust themselves upon the medical public, place the practitioner in a position to acquire a degree of accuracy which is truly remarkable. It seems, then, with all the advantages of the experience of the past, and the wonderful improvements of the present, the physician is inexcusable if he fails to make his diagnosis with extreme exactness. This duty will perhaps be more evident if we consider what precision or exactness of diagnosis comprises.

It is not only accuracy, but something more. It may be accurate to say that a man has pleuritis, if upon examination of the chest we find the ordinary signs indicative of that affection; but it is precise to be able to follow the case further—to search out the cause of the inflammation—to be able to define that some toxic influence pervading the blood (it may be pus, or urea, or some other agent) so operates upon the nerve centres as to cause such aberration of function as results in derangement of healthy action.

By a precision in diagnosis, then, is meant the enucleation of the diseased condition, following it up to its hidden sources and ascertaining its relation to the whole economy. The physician is driven to this position by a number of considerations. Many of these may be purely selfish—such as ease of conscience, sound sleep, pecuniary advantage—but there are other reasons as far superior to self as humanity is above the individual, as the mental is above the physical. The responsibility of life in his hands, the welfare of families, the desire to prevent severance of the dearest ties, and the exultant satisfaction of a successful result, all prove the absolute necessity of precision in dealing with disease. Scarcely less imperative are the demands of his professional esprit de corps. No profession can have ultimate respectability where its votaries disregard those elements which are necessary to its future exaltation. It therefore follows that all avenues of knowledge must be diligently soughtall means available employed—to render our knowledge as perfect as is possible for the finite intelligence to accom-

The haphazard prescription of the charlatan fails to secure to himself lasting reputation, from the lack of precise knowledge. The efforts of painstaking and industrious physicians also sometimes fail, because, even with all his acquirements, he is denied precise knowledge, either from the recondite nature of the disease or from some other cir-How is it possible for one to fulfill the condicumstance. tions requisite for the removal of morbid action, if the diseased condition is not fully known to him? The relations of the physician to the public also render it proper for him to be able to sustain his profession at all times. He must not only satisfy his own mind and conscience, but he must be ready to give an intelligent explanation of the faith that is in him to an inquiring public; for, let me remark, the time for doctors to look wise and shake their heads has passed away. The public, a reading and wide-awake public, demand from the profession both a satisfaction of the intellect and a conviction of the judgment. The humanity of the profession also cries loudly to us for exactness in our knowledge. Is there an aroma in the parable of the good Samaritan, as related by our Divine Master, the fragrance of which the lapse of time has only served to render more lasting? Is there anything ennobling in the alleviation of suffering, in the extension of joy, in the obliteration of woe, in the promotion of that cementing bond of brotherhood, which is, or should be, felt wherever the foot of man has found its way? Then is it proper that our profession should not be wanting in that exactness in our dealings with men which will secure these ends. necessity of our cultivation of exactness will further appear from the want of it.

Now far be it from me to arraign a noble profession, (and one to which we have all shown our fealty by the devotion of our lives,) by detracting from its merits; but, as a matter of fact, the highest kindness is sometimes to probe the wound most deeply. Do we not find too often a lamentable want of exact knowledge in our general practice? It is true that this sometimes occurs from the very desire to do good most quickly—to assuage pain before the causes are sufficiently elucidated; but I am afraid we must admit that sometimes carelessness can be laid at the door of the practitioner. A certain vagueness of expression, such as "it is a cold," or "a little nervous," "biliousness," or "the liver is touched;" or the requisition of the diminutives, as "a little fever," "a little pneumonia," or, again, a grave assertion that "the patient has come near having typhoid fever." Now all such expressions indicate the want of that exact knowledge which it is the duty of the prescriber to possess before he enters upon the responsible duty of writing a prescription, upon which may hang the life of a fellow being. I have seen a man laboring under acute nephritis, with urine loaded with albumen, and the stomach rejecting whatever was put into it, treated with the hypodermic syringe to quiet these warnings of nature, without even an attempt made to inquire into the source of these evidences of disordered nerve force. How common is it for the doctor, upon the application of the patient for relief from a dizzy head and a furred tongue, to give a dose of mercurial cathartic, when a day's abstinence and rest would rectify the unpleasant symptoms.

We have already insisted upon exactitude in diagnosis, as the imperative duty of the practitioner. Let us now look for a moment at some of the factors necessary for acquiring this desirable end. They reside, first, in himself; and, secondly, in his surroundings. Of those resident in self, industry is all-important, and is the only sure road to knowledge; for, without persistent and pains-taking labor, recondite processes will never be discovered; the relation

of certain parts of the organism to other parts will never be disclosed; the relative connection of healthy and morbid action will not be appreciated. As there is no royal road to fortune, so there is no permanent advance in science, except by the entire absorption of self in mastering its intricacies. Independence is also a necessary adjunct to the searcher after truth. There must be no bias by the theories of the past; no undue truckling to authority; no pinning of the faith to the garments of another; but a fearless and exhausting search into all the facts which may be presented to the mind. Honesty to the patient and honesty to self, even to self-abnegation, are indispensable. The patient must have credit for all reliable statements. His case must be faithfully examined, and due weight given to all the subjective symptoms. The honesty to self must be such that any prejudice must be set aside; any preconceived notions, any mawkish sentimentality and desire to hide or cover up; hasty expressions given as snap judgment; any sensitiveness as to professional position; any or all of these must be sacrificed to thorough and searching deference to truth. The judgment, too, must be accurate, sifting the symptoms, giving their relative weight to each, and shutting out from view the fancies of the patient regarding his own condition, as he is in no position to form an unbiased opinion.

It happened to the writer once to find a patient suffering from cancer of the rectum, who insisted that he was perfectly well, and only needed a good dose of cathartic medicine, and who desired to go on a long journey to his ordinary avocation; when, upon inquiry, it was found that so great constipation existed that he could only walk with a straddling gait, and, upon further exploration, it was found that the contractions of the intestine were so forcible as to be visible through the external parietes. A skilled

consultor christened the affection cirrhosis, but the autopsy revealed cancer of the rectum.

The knowledge necessary for a correct diagnostician embraces a variety of subjects. First, he must know human nature—the peculiar idiosyncracies which modify symptoms, give cast to character, and mould all the processes of thought, must be thoroughly understood. quently does the victim of hysteria palm off on the unsuspecting doctor a malady which exists only in a disordered innervation. An acquaintance with histories of diseases, climate, topography of country, malarial tendencies, modifying circumstances attending situation, as well as thorough knowledge of anatomy and physiological processes; the relation of the respiration to the circulation, of the digestion to the assimilative processes, and all again to the all-pervading governor, the nervous system. The means of attaining excellence or precision in diagnosis must be reached through this same avenue of knowledge also. The physical sciences come largely to our assistance in discriminating disease. Physical signs, through auscultation and percussion, are within the reach of every practitioner, and give such exact knowledge that mistake seems almost impossible. Thus an enlarged heart may be accurately measured; a cavity in the lung positively marked out; the gradual increase or diminution of pleuritic effusion detailed. Thus tumors, solid or fluid, may be defined, and by auscultatory percussion still more definite data obtained.

The scientific world, through the invention of instruments, have added largely to our facilities for diagnosis. It was only a few days since that being called to see a little patient, suffering with severe symptoms of enteric disease, I found valuable aid in this direction. The abdominal symptoms were relieved by treatment, the pulse fell in

frequency, the temperature diminished to a healthy standard, but suddenly, without pain or dyspnæa or other symptom, save a slight hacking cough scarcely noticeable, the temperature rises to 103°—suspicion is awakened—the new lesion must be sought and found—and in twenty-four hours physical exploration reveals pneumonia.

I chanced to find within a brief period a young lady suffering with an imperfect vision; together with this symptom was associated severe pain in the head and what might be termed a variety of neuralgic manifestations. A careful examination with the opthalmoscope reveals neuro-retinitis, with atrophy of the optic disc. This, with the progress of disease and a partial paralysis of one side, enabled the accurate diagnosis of an intracranial tumor, which impinged upon the capacity of the optic nerve. The autopsy demonstrated the presence of a tumor as large as a pullet's egg, resting upon the medulla and cerebellum, and pressing forward upon the optic commissure.

Again, a patient being seized with severe vomiting, without derangement of the sensorial faculties, and with but few, if any, symptoms pointing toward cerebral lesion, except diplopia, is shown by the opthalmascope to be suffering from inordinate brain pressure. The post mortem shows a tumor lodged upon the petrous portion of the temporal bone, and finding its way up through the tentorium cerebelli.

Time would fail to enumerate the instances in which the microscope is of immense value. To say nothing of the advantages which obtain from its use in the investigation of renal, vesical, and gastric diseases, let me instance a case of convenience to the physician. The patient is taken with symptoms of abortion; hemorrhage and pain mark its progress. The doctor is pestered to death with questions: "Is she quite through?" "Has everything come away?"

How frequently is an evasive reply necessary; but a suspected substance is placed under your glass; the villosities of the chorion are seen. The patient is assured of her condition, and the doctor is restored to his self-respect.

Your patience would be exhausted by an enumeration of similar advantages which accrue from the comparatively recent introduction of scientific instruments. By the laryngoscope we can define diseases of the larynx; the endoscope inspects the inner wall of the bladder; our sphygmograph writes the action of the heart; our dynamometer measures decreased muscular contraction and inferentially defective innervation; the æsthesiometer measures sensibility. Thus we see the immense resources at our command to give us exact knowledge. The physician of the present day has powers of which his predecessors could scarcely dream. The advances in medicine have been far greater than in the other learned professions, and its practice is being rapidly reduced to the condition of an exact science. Now the results of these acquirements must be immense upon the observer. They are manifested first upon himself, giving him confidence, assurance, almost certainty, in his hand-to-hand conflict with disease. enables him to define positively, to act boldly, to prescribe fearlessly; or again to prognosticate with certainty the futile nature of all his efforts. Nor is the influence felt only by himself. Those with whom he is brought in contact feel the impulse, confidence, reliance, as it were, in a being of superior power, and intelligence springs up in their hearts, and his coming is looked for as if an angel's visit were at hand.

I have thus, in this brief resumé, endeavored, though feebly, to show the advantages of precise knowledge in medicine, and the benefits which result therefrom. Nor is this true only of medicine. In all departments of study, the value of exact knowledge cannot be over-estimated. It gives such force that men meet and overcome obstacles, which, to the careless, would be insurmountable. It gives that power which removes mountains, and it rapidly brings us to that state of perfection which raises humanity to a loftier standard, and reveals that for which the world has for centuries been striving—untrammeled truth.

ESSAY.

BY J. W. WARD, M. D., OF TRENTON, N. J.

CAUSES OF INSANITY.

In no department of medicine is there a more interesting field for study than in that which is devoted to the investigation of mental diseases. Considering the frequent occurrence and the peculiar nature of the malady, in its various forms, it would seem that it should command much more attention than is usually bestowed upon it by physicians, whose highest calling it is to alleviate human suffering. This becomes all the more apparent when, on turning to the last federal census, we find that there are nearly thirtyeight thousand insane in the United States. authority gives to New Jersey about nine hundred—an estimate far below the actual number, since more reliable data shows that we have nearly eleven hundred of this afflicted class within our borders. This estimate of thirtyeight thousand does not include twenty-five thousand Idiocy, though generally treated under the head of insanity, should not be strictly so considered. Idiocy results from an arrested or imperfect development of the brain, and is always congenital. Insanity is a disease of that organ, or, more correctly, it is a symptom of disease of the gray matter or cortical substance of that organ, characterized, according to Dr. Ray, by a "prolonged departure from those modes of thought and states of feeling natural to the individual in health." It is indisputable that in order to adopt a rational treatment for any disease we must have a rational theory as to its origin. connected with the subject of insanity excites more interest than does its causes, and Dr. Dickson justly remarks that its etiology is of secondary importance only to the manifestation of the disease itself. The mysterious nature of the malady—its sudden development, often, in individuals apparently in excellent physical health—the marked changes which it not infrequently produces in the feelings and emotions of the individual, converting those bound to us by tenderest ties into incoherent beings filled with hatehave always filled the popular mind with wonder, and have been but imperfectly understood even by the medical profession itself. In the past, various theories in regard to the causation of the disorder were entertained. At one time insanity, epilepsy and kindred diseases were regarded with a degree of astonishment and superstitious terror that seems to us in these days of scientific investigation as unaccount-The individual smitten with the most sorrowful of all maladies was thought to be especially favored The disease was called sacred, and the fury of heaven. and extravagance of mania, and the gloomy forebodings of melancholia were regarded as an immediate dispensation of Deity, and the very incoherency interpreted as the direct inspiration of Heaven. These ideas were not alone entertained by those nations least advanced in intellectual attainments. The forms of worship for classic Greece were directed by the Delphian priestess, whose oracular sayings, according to Plutarch, were but the wild vagaries of a disordered brain. At another time we find the popular mind impressed with the idea that the sufferer was cursed of the Deity, and given over to the possession of evil spirits. furious agitations of the maniacal man, his hallucinations, his strange words and actions, all seemed to prove to a people who understood but little as to the origin of disease

that he had indeed fallen under the Divine displeasure, and that his body had been given up to the possession of demons. Again, in other times, mental alienation passed for the work of magic, and the strange fancies resulting from a diseased brain were considered as but the effect of the sorcerer's spell. Particularly was this idea prevalent during the middle ages—that period of intellectual darkness when superstition and fanaticism were substituted for reason, and witchcraft and demonology held high car-The names which were adopted by the ancients melancholia, lunacy, and mania, and which are even yet retained to characterize the disease—gives us some idea as to how much was understood by them of its true origin. Melancholia, meaning black bile, and lunacy and mania derived respectively from Latin and Greek words signifying the moon. Our satellite was thought to have some marvellous controlling influence in producing the malady, and this superstition, in common with many others of the past, is not entirely eradicated from the popular mind even yet. It is no uncommon thing to be asked if the moon does not have some controlling influence over the causation of insanity, and the manifestations and character of its paroxysms. So widely diffused an opinion would seem to have some foundation in fact, but Pinel darkened the windows of the Bicetre so as to entirely exclude the light, and the moon soon lost all of its marvellous power over the malady. It is a somewhat singular fact that such ideas should have prevailed during all these ages, when, twentyfive centuries ago, Hippocrates recognized and announced the pathological causes of mental diseases. boom, in his excellent article on insanity, quotes Hippocrates as saying: "And by the same organ (the brain) we become mad and delirious, and fears and terrors assail us, and dreams and untimely wanderings, and ignorance

of present circumstances. All these things we endure from the brain when it is not healthy." Perhaps it is not so strange, however, when we recall that the same tardiness has been manifested in almost every department of medical research. The human body was made the subject of especial investigation for ages before Harvey demonstrated the now simple fact that the blood does circulate; and milkmaids had vaccinia for centuries, perhaps, before Jenner was born, to recognize cause and effect, and demonstrate the wonderful protective power of the vaccine virus.

Mental and metaphysical philosophy have had much to do with retarding the advance of psychological medicine. So long as metaphysical speculations were substituted for scientific observation and experiment, so long were we led into error in the investigation of abnormal mental phenomena. The learned dissertations of the mental philosopher may have satisfied the students of the past, but it is very far from meeting the requirements of the present. In the study of the phenomena of mental alienation we have not to deal with "inner consciousness and spiritual essences," but with material matter. The scalpel, the microscope and chemistry give us new means of investigation, so that now our study should be not so much speculative as demon-These agents have severed metaphysics from physics, giving to each its proper domain for observation, and demonstrating beyond dispute that insanity is subject to the same general laws and to the same general morbid processes that are found in other diseases.

There have been three theories advanced in regard to mental diseases. The first, in which it is claimed that the mind alone is diseased. The second, that there is an actual disease of the brain and of the mind, in which mind is regarded as a secretion of the brain, in the same sense that bile is a secretion of the liver, or saliva of the salivary glands. The third, to use the accurate description of Dr. Gray, "assumes the brain to be the instrument of the mind, the physical instrument of mental action, and that a morbid physical change must occur in the brain, or in its investing membrane as a precedent fact and cause of insanity." This last theory is the one, we believe, that is now generally adopted by both European and American alienists. Dr. Dickson says that "the actual cause of insanity in all cases is undoubtedly mal-nutrition of the brain, but that etiology seeks to know something more, and looks for the causation of this mal-nutrition."

In the study of psychological diseases, as in other diseases, we divide the causes into predisposing and exciting. Judging from the tabulated causes found in "hospital reports" we should conclude that almost every event possible to occur, under any combination of circumstances, was capable of producing this malady. We find nearly a hundred assigned causes, often widely different in their natures, recorded as capable of producing mental derangement. A simple event, as grief, fear, domestic trouble, pecuniary loss, &c., very rarely, if ever, is the actual cause of the disease. Such things are occurring daily to thousands of our fellows, and yet the large majority of those thus afflicted do not suffer mental alienation in consequence. Why does domestic trouble or pecuniary loss, equally afflicting a dozen individuals, produce insanity in one, perhaps, and no such result follows in the remainder? There must be some agency at work that antedates these misfortunes; in fine, there must exist some abnormal condition in the brain of the sufferer himself. Dr. Ray, in his "Contributions to Mental Pathology," beautifully and forcibly says, "for ages the structure of the brain has received extraordinary attention, and its operations as the minister of the mind have been studied more profoundly than those

of any other organ; and yet it never was supposed that its value as a working apparatus depends in any measure on the quality of the materials used in its construction. The brain was supposed to be as sound, as vigorous, as well fitted for its work in one generation as another, unscathed by any of those noxious agencies, that have ever been checking the normal development of the human Inherited tubercle from its chosen seat in the lungs might at any moment spring into fatal activity. Scrofula might so vitiate the humors as to spread debility over the whole system. Gout and rheumatism might render the muscles and fibrous tissues of father and child in long succession sources of exquisite pain; but the brain alone continued generation after generation to retain its pristine vigor under the vices and errors of civilization." According to most alienists the prominent predisposing causes are hereditary taint, early education, consanguineous marriages, epilepsy, age, sex, and a higher civilization. Among exciting causes are enumerated insomnia, religion, intemperance in the use of alcohol, the puerperal state, onanism, excessive venery, and the various traumatic causes, as injuries to the head, sun-stroke, &c. Of these causes we propose noticing, more particularly among the first class, hereditary taint, early education, and higher civilization; and of the latter or exciting class of causes, insomnia, intemperance, religion, and onanism. The result of consanguineous marriages, statistics, as furnished by Dr. S. G. Howe and others, conclusively prove if any evil result follows, when both parties are in good mental and physical health, is more frequently idiocy or congenital deficiency than insanity proper. It is also shown, however, that the chances for insanity in the offspring are very greatly increased when there is any tendency to the malady in the family of the parents. Age and sex properly should not be classed as predisposing causes. Insanity seems about equally divided between the sexes. Man is subject to general paresis, &c., and this is counterbalanced in woman by her peculiar organization, by the profound nervous impression on the economy at the appearance of the catamenia, at the menopause, and during the puerperal state. More persons become deranged between the ages of twentyfive and forty than at any other period, for the very reason, doubtless, that it is during these years that the greatest nervous energy is put forth in the battle of life. It is the period of highest mental activity, the period of failures and disappointments in life's struggles, and consequently the period most prone to psychological diseases, particularly in those in whom the "potentiality," as Dr. Dickson so aptly expresses it, exists. Hereditary taint is regarded by nearly all alienists as the most prominent among the predisposing causes. Esquirol says "that of all diseases insanity is the most hereditary." Dr. Dickson asserts "that the operation of predisposing causes is markedly seen in insanity, and perhaps the most powerfully marked is hereditary tendency." Dr. Blandford is of the opinion that "hereditary transmission is, of all the causes producing the malady, by far the most potent." Dr. Maudsley, in his standard work on "The Physiology and Pathology of the Mind," says "the more exact and scrupulous the researches made, the more distinctly is displayed the influence of hereditary taint in the production of insanity," and is inclined to the opinion that it is the remote cause of nearly one-half of all cases. Moreau estimates that nine-tenths of all cases are due to hereditary influence. Dr. Ray, one of the most thorough of American students of psychological medicine, says that "if we start with the idea that the essential element of disease, considered in any stage of its progress, is imperfection, defect, abnormal

depreciation, to be manifested under the process of hereditary transmission in every variety of form, we shall be led to a correct theory of the causation of insanity." Griesinger, the great German alienist, asserts "that we may, without hesitation, affirm that there is really no circumstance more powerful in producing this malady than hereditary predisposition." If insanity is a disease, having a pathological basis, why should it be thought strange that it can be transmitted to offspring, governed by the same laws that makes syphilis, gout, or tuberculosis so transmissible. This marvellous nervous system of ours, studied most and least understood, in point of sensitiveness and vitality, says Dr. Allen, stands at the very head of our physical organization, and is the first to suffer by any derangement of a perfectly healthy normal state of the economy, and any profound impression made upon it is felt through several generations. At first the effect may be but some apparently simple nervous trouble, but it not infrequently goes on developing in descendants until it culminates in insanity. The malady suddenly manifesting itself in an individual, too often has its origin far back in some remote ancestral This theory of the gradual development of peculiarities is forcibly illustrated by the experiments of naturalists upon the lower order of animals. Darwin, in his experiments upon pigeons and rabbits, did not succeed in producing marked traits and characteristics in a single transmission; and every stock raiser is well aware that he cannot develope the highest speed in the horse or produce the finest qualities in cattle in a single generation. Why should this natural law be theoretically and practically ignored in regard to the human being? These phenomena are not the result of a play of accidents or freaks of nature, but the direct results of natural law. It has been said that neurotic diseases are not always transmitted direct and in

the same form from parent to child. A generation may be skipped, or one form of nervous disease may manifest itself in the parent and another form in the offspring. It differs in no wise from general diseases in this regard. Every physician has seen cases where a generation has been passed over in the transmission of tuberculosis, or cases where one or two members of a family have fallen victims to pulmonary trouble and the others remain apparently entirely free from any thoracic disease. ley states it as the result of his long experience that "in families where there was a strong predisposition to insanity, it was no uncommon thing to find one perhaps suffering from epilepsy, another from neuralgia or hysteria, a third may commit suicide, and a fourth may become maniacal. All alienists see this opinion frequently verified. following cases illustrate this, and are of interest from the fact that the transmission is in the male line. The grandfather was of a highly nervous temperament, and died insane. The father was noted for his moroseness and irritability of temper, "all his life becoming excited and angry upon the slightest provocation." The son apparently in good mental health, but with a tendency to pulmonary disease. He was married to a woman also with the tubercular diathesis, and the result of this union was ten children, four of whom were subject to excited paroxysms, following epileptic seizures at protracted intervals; five were demented epileptics, and the third child of all was apparently in good mental and physical health. A second case: The grandfather subject to periods of profound depression of spirits; father died at the age of sixty, of apoplexy; the son has had repeated maniacal attacks, and the grandson has already consulted me in regard to repeated attacks of vertigo. Another case: The mother died from some form of nervous disease, perhaps paralysis agitans; son

intemperate, but considered sane, and married a woman who is now demented. Result of this union, eleven children, of whom six died before completing their eighth year, of brain disease; four died prior to fifteen years of age, of tubercular disease, and one still lives at the age of twenty-eight, a hopeless demented epileptic. Another and singular case: Grandmother deranged; mother, repeated attacks of insanity, and was married to an intemperate man. Result of union, four children; all of them apparently sane, but all deaf mutes. But it is not necessary to multiply cases. Statistics in regard to hereditary transmission in the great majority of cases are very difficult to obtain with that degree of accuracy which true science demands. We have, of necessity, to rely upon the statements of the friends who accompany patients to the hospital, and who, as a rule, show a remarkable reluctance in acknowledging hereditary taint. There would seem to be no way in which to remedy this great error, except by physicians in general practice, who first see these cases, and who often know their family history and their antecedents, sending with them a written statement of the casea thing which is very rarely done. If it were more frequently done, it would often give us an insight into the causation of a mysterious affection, which it is impossible for us now to enjoy. A correct statement of family diseases, temperaments, &c., would be of incalculable value in a scientific study of the malady, and until such records are obtainable the statistics of causation, as gathered from "asylum reports," must be of comparatively little value. Griesinger, Maudsley, and other alienists, regard education as the most potent predisposing cause of insanity, after hereditary taint. The term education used here does not refer so much to that which is obtained from books as it does to the direction of the mind, which is given to the

individual by the parents in childhood. It refers to the cultivation of those peculiar traits manifested in the child, which, as developed, exert so powerful an influence in determining the good or bad character of the man. matter of early education exerts a marvellous influence over the future of an individual, and constitutes the gravest of all the responsibilities of the parent toward the child. The direction which the understanding and will receives in early life determines many a case of insanity, as well as of other diseases, and is directly or indirectly the cause of more than half the crimes committed by our fellows. The influence which it exerts as a predisposing cause of mental alienation is so clearly set forth by the great German alienist, Prof. Griesinger, that we cannot do better than quote what he says entire. He says: "Among the special errors of education may be mentioned, in the first instance, premature mental exertion. This, with the undue precocity of the various mental processes thereby necessitated, proportionately retards and hinders physical development; the brain is overwrought and the germs of future weakness and disease are surely laid. Still more serious, however, are perverse and unfavorable influences on the sensation and will of the child. There are cases, for example, when by undue severity, by the cold and repulsive demeanor of parents toward children, by protracted grief, humiliation or harshness of sentiment, the development of naturally benevolent dispositions is hindered, and the gentler feelings stifled. Thereby there is thus early implanted in the individual a painful opposition to the external world. This is especially apparent in certain strong benevolent natures, whose warm and generous inclinations instinctively seek a return of affectionate sympathy; by the absence thereof, they are necessitated to take refuge in an imaginary world, and so a pernicious imaginary tenden-

cy is awakened and nourished. Finally, still more destructive to the child is that over-indulgence on the part of parents which curbs not the wayward development of every desire and inclination, which incapacitates the child for enduring suffering or pain, which renders him incapable of self-control or resignation, and developes not a strong and hardy nature, but a weak, soft character which cannot stand the test; for sooner or later the rude encounter of life must be met, and unable to support himself under the fierce assault he falls a victim to all the agitating emotions and health-disturbing influences of violent passion." Another cause regarded as strongly predisposing to insanity, by many writers on psychological medicine, is a high degree of civilization. The affirmative or negative of this question depends mainly upon what we understand by a higher civilization. If the human race is to be overwhelmed by madness, because of its moral and intellectual advancement, far better for us to go back to the stone age and the days of the cave bear. It is very difficult, indeed impossible, to gather anything definite or conclusive from statistics bearing upon this subject in uncivilized lands, with which to contrast their diseases with those of civilized countries. Among nations half civilized or barbarous, no such data are ever taken. That insanity is more frequently noticed among a people who are civilized is doubtless true. In such lands the unfortunate of all classes are cared for, homes are provided for them, and we realize at a glance the full aggregate. That the type of derangement may be modified by it, we doubt not; but that it should be considered as a potent cause of the malady, demands at least a demonstration. That the evils and vices, the excrescences of a higher civilization, causes much insanity is probably not disputed. It is just as rational to assert that dyspensia and syphilis are caused by civilization as to assert that

insanity is. The stomach, groaning under the indigestible, highly seasoned food of the pastry cook, and constantly whipped up to dispose of its burden by the use of stimulants, will sooner or later complain; not because its owner lives in a land of high civilization, but because he neglects those very principles which a higher civilization teaches him he cannot tamper with, with impunity. standard means rioting in every excess and debauchery, in the constant neglect of nature's inexorable laws, then, indeed, must it be answerable for the apparent increase of a sorrowful malady over that found in uncivilized lands. Higher civilization discovers the preventible sources of insanity, throws safeguards about the victims of hereditary taint, shows them how to live so as to avoid the impending danger, teaches how best to direct the minds of the young, and hence should diminish the number of insane, just as our sanitary knowledge and laws prevents or diminishes the number of cases and the mortality of other diseases. It is doubtless true, as has been often asserted, that the more advanced the civilization, the more complex do we find the structure of the human brain, the more are we called upon to exercise that brain in order to maintain ourselves among our fellows; but the liability to mental alienation from such circumstances is more than counterbalanced by a more accurate knowledge of those very laws, the violation of which exercises so great an influence in producing it. Among the exciting causes, onanism is, according to the popular idea, the most potent in producing insanity. Experience, however, does not seem to demonstrate that the opinion is founded in fact. Here, as in many other instances, effect is mistaken for cause. the habit does sometimes produce insanity, and usually of an incurable type (for an obvious reason) we do not doubt; particularly in those in whom a "potentiality" exists, and

it is also likewise true, that the habit does very frequently convert an otherwise curable case into an incurable one. The sexual desire is the strongest of the human passions, and insanity very rarely has a tendency to diminish or weaken that desire; but it does deprive an individual of that moral control over his nature which he should have if sane, and he consequently yields to the only method left him of gratifying his animal propensities. Much the same idea also holds good in regard to excessive venery, when considered as a cause of insanity. There is a form of mental trouble, however, called general paralysis, acknowledged by English, French and American writers on psychological medicine generally, as a distinct form of mental alienation; but by the German writers considered only as a complication, in which excessive sexual indulgence would seem to be a potent cause. Of this, one of the saddest forms of mental disease, I have seen several cases, and in every instance where the history of the individual could be traced with any degree of accuracy, I have been led to believe that sexual excess was the prominent cause of the malady. Intemperance in the use of alcohol is also regarded as a potent exciting cause of mental diseases. Delirium tremens not infrequently does follow the use of alcohol, but prolonged insanity we think not so frequently as is generally supposed. Here, again, we find that in those in whom the "potentiality" exists it is an apparent cause, but in the absence of such tendency, it is the exception where it directly produces insanity. In the tables of assigned causes of insanity in the "Reports of Insane Asylums," we find but comparatively few cases attributed to the use of alco-If it were a potent cause, the reverse of this should be true, when we consider the enormous quantity of alcoholic liquors, distilled, brewed, and imported into the country annually. For the year ending June 30, 1874,

there were manufactured in the United States, no less than three hundred and thirty-five millions of gallons of distilled and malt liquors, and in addition to this large amount, during the same year, there was imported over six millions of dollars worth of wines, brandies and cordials. this was doubtless used in the arts, but by far the greater portion of it was used as a stimulant. Truly, if alcohol is an immediate cause of insanity, here would seem to be an amount sufficient to render half of the people of the Republic mad. Dr. Sheppard, in his "lectures on madness," quotes the eminent French psychologist Moreau as saying that "Drunkenness is regarded as one of the most frequent causes of insanity. But it is equally certain that drunkenness, or rather the taste for drink, is as often and even more frequently a first symptom (the effect, therefore, and not the cause) of disease." The eminent divine, Canon Kingsley, is also quoted as saying that "he could not, on scientific grounds, consider drunkenness as a cause of evil, but as an effect. Of course it is a cause—a cause of endless crime and misery—but I am convinced that to cure, you must inquire, not what it causes, but what causes it." That alcohol produces marked abnormal changes in the brain and great nerve centres, as well as in the liver and other organs, does not need demonstration; and herein lies its great power for harm, and in this way intemperance in its use becomes a serious and potent cause of mental dis-Dr. Anstie, who made a specialty of the study of alcoholism, says that "of all depressing agencies, it has the most decided power to impress the nervous centres of a progenitor with a neurotic type, which will necessarily be transmitted under varied forms and with increasing fatality to his descendants." The records of every institution for the insane in the land, verifies this opinion, and demonstrates the fact that the offspring of intemperate parents are

exceedingly prone to be afflicted with neurotic diseases. Dr. Maudsley states it as the result of his long experience "that the parent who destroys the organization of his nervous system by alcoholic excesses, transmits to his children disordered nervous tissues, which become manifest in almost any form that these diseases take. Thus the offspring may be subject to maniacal attacks, to an early decay of the whole brain and nerve structures, resulting in general paralysis, to a disordered and uncontrollable desire to take stimulants, to the various convulsive diseases, or sadder still, he may from the first, or sooner or later, fall into hopeless imbecility. Another very frequently assigned cause of insanity is religion. There is abundant proof of the marvellous power which theological dogmas have had over the mind of man in every age of the world. The most sanguinary wars have been the so-called religious wars, and the most terrible privations and trials have been those undertaken by religious enthusiasts, under the strange infatuation or hallucination that duty compelled them to undergo such sufferings. The propagation of the doctrine of Mohammed, the crusades of Peter the Hermit, and the annual pilgrimages to Mecca and other shrines, are well-known illustrations of these facts. Such things merely show to how great an extent humanity is governed and directed by prejudice, or by the emotions when controlled by ignorance and fanaticism. They have little to do with the teachings of St. James, who declares that "pure religion and undefiled before God and the Father is this, to visit the fatherless and widows in their afflictions, and to keep themselves unspotted from the world." That that faith which has given unbounded consolation to millions, in regard to the untried and unseen, is a potent cause for insanity we do not believe -that protracted fasts and vigils, irrational excitement and terror-inspiring theories do exert a power in producing derangement of the mind, especially in those in whom the tendency exists, we do believe. One of the most marked cases of so-called religious insanity, that we remember, was that of an individual who for six or seven successive days and nights preached, prayed and exhorted almost constantly, taking but little food and scarcely sleeping at all during the whole time. He became highly maniacal, filled with exalted delusions as to his character, mission, &c., and was regarded without a doubt as a case of insanity, the immediate cause of which was religion. really had nothing to do with it. The immediate cause was doubtless a debilitated system, resulting from want of proper nourishment, and the great loss of sleep, the result of a misguided enthusiasm. This subject of the loss of sleep, brings us to consider one of the most important, and, we think, one of the most frequent causes of mental The usually assigned causes, such as grief, alienation. fear, loss of property, domestic trouble, &c., perhaps are indirectly agencies in producing the disease, but the immediate cause is loss of sleep, which usually follows or depends upon such misfortunes. We realize that every organ in the body demands rest, but seem to totally disregard the brain, the most sensitive to impressions of them all. brain can secure rest only in sleep; during the waking hours it is ever active, ever at work, and consequently undergoing waste. The heart and lungs have their intervals of repose to repair waste, but not so the human brain. four-fifths of all cases, imperfect sleep is noticed in individuals when admitted to asylums for the insane; and every alienist realizes that a prominent symptom among those afflicted with mental diseases is insomnia, and further, that we always look in vain for a case to improve until proper rest is secured. An individual, by hard work, tires and exhausts the muscular system, and seeks rest in the recum-

bent position; but the same person will too often refuse to give rest to a tired brain, simply because he does not feel the immediate necessity for it. Muscular exertion means muscular death, and equally intellectual exertion means molecular brain death. Brain tissue absolutely demands repose to repair the waste arising from over-work, just as much as muscular tissue demands rest after extraordinary muscular toil. Every physician knows the grave significance of vigilance in some forms of physical disease, and it is none the less significant in mental diseases. been said about the proper amount of sleep necessary for an individual, but each must be a criterion for himself. Men are differently constituted both as to capacity for physical and intellectual labor. The only standard is to secure sufficient rest in sleep to repair the waste and fit it properly for renewed labor. If this is not done, degeneration of the tissue must sooner or later follow. Dr. Mandsley says upon the matter of the loss of sleep: "It is sleep which knits up the ravelled structure of nervous elements; for, during sleep, organic assimilation is restoring as statical force the power which has been expended in functional The strongest mind, if continually overworked, must inevitably break down; and one of the first symptoms that foreshadows the coming mischief is sleepless-There is no fact in connection with the causation of this most sorrowful of all human ills, more important to you as physicians, than that of advising proper brain rest, and especially is this important among those of your patients in whose family history there is known to be a "potentiality" to neurotic diseases. In such cases the frequent neglect of this periodical renewal of the nervous energies can be followed only by the gravest consequences; and in those cases where no such tendency exists, a disregard of proper brain rest can never be persisted in with impunity, any more than we can neglect any other of nature's laws and escape retribution. There is much truth in the humor of Cervantes, when he makes Sancho Panza say, "While I am asleep, I have neither fear nor hope, neither trouble nor glory; and blessings on him who invented sleep—the mantle that covers all human thoughts, the food that appeases hunger; the drink that quenches thirst; the fire that warms cold; the cold that moderates heat; and lastly, the general coin that purchases all things; the balance and weight that makes the shepherd equal to the king, and the simple to the wise."

REPORT OF THE STANDING COMMITTEE.

The year under our review has been a very healthy one. No extended epidemics have occurred. Diseases have been of only moderate intensity, as a rule, and little has occurred in any part of the State to excite the special interest of our medical men. This condition of health has been coincident with a meteorology somewhat unusual. The summer was cool throughout. The rain-falls, though seasonable, were not attended with or followed by much atmospheric humid-The winter was uniform in its low temperature from early in December, and was prolonged into the spring months. The storms were frequent, but not prolonged, the most of them attended in whole or in part by snow, and cleared up with cold freezing weather. The same lack of humidity characterized the winter atmosphere as that of the summer.

Immunity from epidemics and from general sickness has not diminished the interest of the reports furnished by the most of the District Societies. They furnish a full and valuable exhibit of the sanitary condition of the State, and a pleasant evidence of intelligent scientific observation. In

BURLINGTON COUNTY

the diseases incident to each season have observed their regular routine. During the winter many were sick. Endemics were mild and infrequent, and recovery was the rule. In Tuckerton a severe form of Erysipelas and puerperal fever was prevalent during the winter. It is a noteworthy fact that here, as in Jersey City last year, and as is generally the case, these two diseases are apt to be coincident. In Vincentown, Cholera Infantum appeared in its usual degree. Fever and ague has been present during the whole year in the Reporter's district, showing no preference for any particular locality, attacking the inhabitants of high and dry places, as well as those in low and damp dis-Typhoid Fever occurred in September, and continued till winter; very few died. In Florence, Diphtheria was endemic, beginning as Tonsillitis. The disease was unattended with fatal results. In Beverly, there was less than the ordinary amount of sickness, from May, '74, to January, Since January, ulcerated sore throat accompanied with glandular swelling and edema of the extremities, Inflammatory Rheumatism, Fever, Intermittent and Remittent, Pneumonia and Croup have been frequent. The cases of rheumatism were uncommonly severe, but yielded promptly to the influence of Propylamia.

CAMDEN COUNTY,

the first half of the medical year manifested more than the usual proportion of health. The latter half, which includes the protracted and inclement weather, was accompanied with a great deal of sickness of all varieties, but of a tractable kind, except in the case of Scarlet Fever and Diphtheria, as they occurred in the southern part of the city of Camden. Of real epidemics none have occurred. Diphtheria, often of a very malignant type, has prevailed to a very considerable degree in Camden, causing quite a number of deaths. In some cases the larynx became affected almost from the beginning, and the patient died from combined exhaustion and suffocation. In others, the malignancy

of the blood-poison overwhelmed the vital powers in spite of all remedies. Of sore throats, the Reporter notices a variety, prevalent during the early winter, usually called Diphtheria, but more properly to be known as simple membranous sore throat, very perfectly described by Dr. J. Solis Cohen, of Philadelphia, as membranous or herpetic sore throat—a disease simple and not accompanied with blood poisoning, though distressing and painful. It furnishes a large proportion of the cases of Diphtheria reported as cured by Homeopathic physicians and others equally ignorant of diagnosis. Close observers state that when seen in its early stage, the herpetic vesicles can be distinguished, which afterwards break and are followed by a simple membrane. Scarlet Fever has prevailed over the whole county, more or less, but generally of a mild form. In Camden city alone, a large number of the cases were of a grave or malignant and fatal character. Pneumonia was common over all the county during the winter. usually amenable to treatment. All the diseases recognized as belonging to the air passages, were seen in more than the average amount from January to May (as also Rheumatism and Erysipelas). The Reporter remarks that Cholera Infantum, the scourge of infantile life in cities, was despoiled of many of its victims by reason of the moderate amount of heat—the summer being remarkable for the coolness of the nights-nevertheless, a large number of the little "bottle feds" fell victims to the moloch of imperfect diet and musty milk tubes. Remittent, Typhoid and Enteric Fever is also noticed as among those usually common, but not fatal in its result. Dr. Marcy, of

CAPE MAY COUNTY,

informs the Committee that the early part of the year and winter was marked by unprecedented health. During the

summer months, the physician met with scarcely enough cases of disease to keep him in remembrance of his calling. During the later winter and spring months, while no epidemic existed, all the usual diseases of the district appeared in an unusual degree. He says that Diphtheria still keeps its place in the daily routine, as it has since its inception in 1860. The only profitable epidemic which he reports is the unusual number of births this spring. The Committee notice this, as the same fact is noted by the Reporter for Middlesex county. In

CUMBERLAND COUNTY,

little sickness existed during the summer months. absence of infantile disorders was very observable, there being, during July and August, almost an entire exemption from Cholera Infantum. In Roadstown, Scarlatina was endemic. Of thirty cases, three were fatal. disease has existed in various parts of the district through the winter and spring, assuming a severe form in Millville. Dr. Whittaker, of that city, states that this disease has not been absent from that community, during any interval of six months' duration, for the last five years. He also speaks of a hybrid of Measles and Scarlatina, twelve cases of which he had met with, in which the special symptoms of both were intimately blended. Rheumatism and Dropsy following as sequelæ. · Bronchitis and Pneumonia prevailed largely in this county during the winter. The Reporter furnishes a record from Dr. R. M. Bateman, of cases going to show the communicability of scarlatinal poison, by fomites, which is worthy of the attention of the Society.

ESSEX COUNTY

has been favored with a comparative freedom from disease during the year. The protracted winter witnessed to

cases of Pneumonia and other diseases of the respiratory organs; but of the former disease less cases were observed than two years previously, when the temperature of the winter was higher, with an unusual and continuous atmospheric humidity. Diphtheria was endemic in Orange during the last summer, more cases occurring than in any previous season; but as the Reporter remarks, they hovered about the low, poorly drained streets and localities, leaving but little doubt that its origin holds a close relationship with unfavorable sanitary surroundings. Three cases of the disease in the same family, came under the notice of the Committee in a locality more drained, and in all its natural relations conducive to health, where the contents of a filthy cesspool belonging to a neighboring house was deposited on the rear of the garden adjoining, and contiguous to the lawn where the children were accustomed to play. In another case, the attending physician, where several members of a family had suffered from the disease, found the drinking water from the well markedly impure, as was evident from the smell and the taste, and in the deposit of a sediment in which the microscope revealed a fungus development, analogous to, if not precisely like, that which has been observed in the exudation characteristic of the malady. The well was in close proximity to a cesspool, whence its impurities found easy access to the water.

GLOUCESTER COUNTY,

nowhere, was last summer reckoned among the very fatal seasons, and the fall and winter brought no other than the ordinary diseases. The average of sickness was, however, rather higher than for several previous years, but this has not been due to the prevalence of any epidemic. Scarlatina has been remarkable rather for its fatality than for the number of cases. It has been erratic and peculiar in

its choice of localities. It has existed north and south of Swedesboro, the residence of the Reporter, but has not appeared there. Towards spring, Acute Rheumatism is reported as occurring in the latter town, also an unusual number of cases of puerperal fever. Brain diseases held a prominent place here, as they have done increasingly for the last decade. The mortality of the year has been high, including an unusual number of sudden deaths. demic rash is reported, occurring about the first of the year, not confined to any age, though the young were chiefly affected. The premonitory symptoms were slight. The rash takes the following order--the throat, neck, bosom, face, inner side of arms and thighs, trunk and outer side of limbs, occasionally attended with pruritus, but more frequently with none. It differs from measles and from scarlatina, and yet is allied to the one or to the other. In color—between the two. It is not followed by degeneration, and presents no uniform constitutional symptoms. Its duration is from a few hours to three weeks, with a mean of about three days. The rash is followed by a condition showing the blood origin of the affection, in fever, loss of appetite, a nervous cough and sundry nervous symptoms, and in some cases by a dry tongue, sordes and a low typhoid state, which as a rule is recovered from.

HUNTERDON COUNTY,

from May '74, to January, was comparatively healthy. After the commencement of the year, sickness was more general. Diseases of an inflammatory nature prevailed to an unusual extent, especially in the southern part of the county. The Reporter details the phenomena of an epidemic of a peculiar nature, during the last spring and part of the summer in the Redshale valley. He describes it as an affection of the Medulla Oblongata. Of the forty cases

which he saw, debility, irregular appetite, dyspepsia, cough, expectoration, diaphoresis, vertigo and loss of mental power were the distinguishing characteristics. More than half the cases he saw were in pregnant women. He gives the history of five cases, with post-mortem appearances. Diphtheria, Scarlet Fever and Measles were observed in limited localities, and of a mild type. In Ringoes, from January to April, the amount of sickness was very great. Scarlatina, Diphtheria, Pneumonia and Rheumatism being the affections most requiring the notice of the physicians. In

HUDSON COUNTY,

Diphtheria, Small Pox, Measles, Scarlet Fever and Pertussis have each been epidemic in some parts of the county. During the fall and winter, Diphtheria of a malignant type has been wide-spread in that part of the county known as the "Heights," and in more than one instance all the little ones of a family have fallen victims to the disease. Small Pox, as an epidemic, has been confined to Hoboken and Hudson City. This limitation of the disease is due to the precaution of the county authorities, in the establishment of a special hospital, to which all cases were immediately removed. The Reporter notices as remarkable, the non-prevalence of those diseases of the warm season, which so usually prevail, referring to the gastric troubles of infancy and childhood. He says that for years there has not been so great an exemption from those affections. In

MERCER COUNTY,

during the first half of the year, the general health was above the average, but the low temperature of the winter has enlarged the mortuary list. Epidemic Diphtheria prevailed in the eastern portion of the county, from November to April. In the vicinity of Hightstown alone, there were more than one hundred cases—the majority mild. croupous form of the disease, though not frequent, was fa-In all portions of the county sudden and unexpected deaths have been frequent. They have chiefly occurred in persons of feeble vitality. Secret tipplers and open drunkards have been among the first to fall, and great has been the harvest of the reaper from those classes. Pneumonia has prevailed during the whole of the winter and spring, and the mortality has been above the average among the old and infirm. Erysipelas has been common in Trenton. In this latter city, Dr. Ribble charges an unusual amount of sickness to the use of impure water. As a consequent of the protracted cold of the winter, filth and dirt accumulated in large quantities, and in the spring was swept into the streams, wells and cisterns, rendering the water extremely unwholesome. Numerous cases of Dysentery and Diarrhea occurred in February and March, which were obstinate to treatment. The sanitary condition of

MIDDLESEX COUNTY

has been unusually good during the year. Seldom has a year passed so free from epidemic and endemic diseases. That which has occurred has been of a mild form. Pertussis was epidemic throughout the county during the summer, and was the only epidemic of the year. Enteric disease was limited in extent and milder in form than in previous years. A few cases of Cholera Infantum were of severe type, and several fatal. During the autumn, affections of the air passages prevailed, generally yielding to appropriate remedies. The Reporter saw more cases of cerebral and spinal affections than usual, some of which recovered and others will probably prove fatal. Nervous disorders, organic and functional, are now more frequently met with than in previous years. A few cases of Diph

theria have occurred in different parts of the county, which have resisted treatment and proved fatal within a few days. The members of the District Society have been called to sympathize with their associate and our third Vice-President, Dr. Baldwin, in the death, by this disease, of two out three of his children, one dying in about two days and the other in a week. Remittent and Intermittent Fevers and a few Typhoid, have occurred in South Amboy, but far less in number than usual, and this may be said of the county generally. The Reporter says we have had a larger number of births than usual, in different portions of the county, several cases of twins in the city of New Brunswick, and one case of triplets, all doing well. The health of

MONMOUTH COUNTY

was never better than during the past year. There was no epidemic or contagious disease during the summer months, but an increase of Pneumonia and bronchial affections during the winter and spring months, in some cases severe, assuming a typhoid form. In Holmdel, there was an unusual number of bronchial affections. A cough, accompanied with coryza, head-ache, fever, and in fact, with all the phenomena of an epidemic of "Hay Fever." Pneumonia has been more frequent in the same town this spring, than for years past. The same disease has been prevalent and severe in Eatontown.

MORRIS COUNTY.

The Reporter informs the Committee, that in Morristown the spring and summer months were healthy. In the autumn and winter and spring there has been much disease. Pneumonia among the aged and very young, especially, and Bronchitis were very prevalent, and the ordinary catarrhs were very obstinate, the inflammation extending into the frontal sinuses. A few cases of Scarlatina have ap-

peared, and, as epidemics, Roseola, Pertussis and Herpetic or Membranous Sore-throat have prevailed. A few cases of Diphtheria have appeared, two ending fatally. Dr. Pierson, of Morristown, in writing upon the herpetic sorethroat, remarks that "it is interesting for what it is not, because it so closely resembles Diphtheria and yet is not that disease. I have no doubt," says he, "that a very large majority of the reported cases of Diphtheria are simply herpetic sore-throats. It is no rare thing for a patient to assure you that Dr. - cured him of Diphtheria five or six It can only be that Dr. — possessed skill far beyond his less fortunate professional brethren, or else he mistook the lesser for the graver disease." In Pompton, many cases of Pneumonia and Bronchitis were met with; convalescence in the former being unusually protracted. Scarlatina and Diphtheria also appeared of moderate se-In Chester, the health of the community has been unusually good; Pertussis and Parotiditis have been epidemic, but without grave conditions.

SUSSEX COUNTY

has been comparatively healthy. The usual malarial diseases have occurred, but no epidemics, except Scarlet Fever, and this was limited to the Pauluskill and Delaware valleys, commencing early in the autumn and continuing through the winter till now. Dr. Schumo treated a great number of cases—as many as eight in one family at one time. They were of the anginose and simple form; all recovered but one.

UNION COUNTY.

Neuralgic affections have been common in Plainfield, caused, as supposed, by the great amount of fresh earth brought into the city from a somewhat malarious district, to raise the railroad tracks above the level of the streets.

Scarlatina, Rubeola and Diphtheria has also been observed in this town, but not prevalent; the direct contagion of the latter was traced in most of the cases. When the other members of the family have been immediately isolated and allowed no approach to their homes, they have in no instance taken the disease. At Dunellen, Scarlatina and Diphtheria have held high carnival. Tonsillitis has also prevailed. In Elizabeth, the year, on the whole, has been a healthy one. Malarial fevers have been met with throughout the year, though less in number than for a few years previous. The ordinary intermittent has been the prevalent type. During the winter, Dysentery appeared in a large number of cases, in all portions of Elizabeth, affecting all classes and ages alike. It was not severe, and no fatal cases are reported. Scarlatina has appeared at all seasons of the year, in a mild form, with few fatal cases. Thirty-five cases of Small Pox were reported; most of them were treated at the hospital, with a fatality of about 20 per cent. Rahway has been free from any epidemic, and enjoyed a year of exceptionally good health. Scarlatina. Rubeola and Pertussis, each in a mild form, have been present during the year. A few cases of Diphtheria appeared in the winter. Dr. James, of Rahway, gives a very instructive history of the sickness of three children—twins eleven months, and one twenty months. One of the twins died in ten minutes after his arrival; the other, two hours later, the third and older one died in four days. mothers of these children lived in the city, and were the daughters of a farmer near Staten Island Sound. came home that their children might have the benefit of pure air and good milk. They were healthy children, and thrived on milk from a young, healthy and well-kept cow, from the 4th to the 26th of July. On the 25th, this cow escaped from the enclosure and instead of getting water

from a clean spring, drank from water standing in pits left after digging clay for brick. On the 26th, between 8 and 9 o'clock, and again before noon, these children took some milk obtained from this cow. At 12 o'clock, noon, the Doctor was sent for. One of the twins was dead at 3 o'clock, and the other in two hours thereafter. The third, as stated, lived for four days. They all died of Cholera Infantum, and they were perfectly well till they partook of the morning's milk; he could trace their disease to no other cause than the impure water drank by the cow, as the pasture was the same in both fields. The cow was in no way affected, and yet the children were as effectually poisoned as if they had taken corrosive sublimate.

The remarks of the Reporters upon the

THERAPEUTICS OF DISEASE.

offer some valuable suggestions. In the administration of Verat. Viride in Pneumonia, the Reporter for Camden commends its combination with syr. Scillæ, according to a suggestion of Dr. Marcy, of Cape May, as follows: Take of tinct. of Verat. Viride and syr. Squills, equal parts, mix and begin with 10 drops for a dose, and increase one drop every three hours, until the symptoms improve or the stomach rebels, which rarely occurs till the dose reaches 18 or 20 drops. Then begin at 10 or 12 drops, after the stomach is quiet, and increase till the disease gives way or the stomach is affected. It can often be used in this way in cases which require considerable stimulation. gards the use of the drug in this way as a most valuable remedy in Pneumonia. He does not regard its action as dependent upon the effort of the heart's action, and looks upon it almost as a sine qua non. Dr. Ridge, of Camden county, speaks in the highest praise of the use of the Iod. of Potash, with small doses of the Bin. Iodide of Mercury, in

the dropsy succeeding Scarlet Fever. The Reporter for Essex refers to the use of Salicylic Acid as a local application in Diphtheria, in the form of a gargle, spray, &c. This is a new remedy. It was first obtained by Pina, in 1839, by melting the hydrate of Salicyl with caustic Pot-It is now, by an ingenious process discovered by Kolbe, obtained from carbolic acid, and has been introduced into notice as a therapeutic agent during the past year. Its value is manifest in dissolving the diphtheritic deposit after a few applications, leaving a bright red surface, and arresting the disease. It has also been used as a surgical dressing in wounds, and has proved efficient in arresting decomposition and promoting healthy action. It is a drug worthy the attention of the profession. It is a fine white powder, of acicular crystals, as prepared by Squibb, somewhat like morphine in appearance. It is soluble in water, 1 part to 100, and has been used in Essex county by suspending 2 grains of the acid in 1 drachm of glycerine, and then used by direct application and by spraying. plying to wounds, the dry powder is sprinkled over the surface. It is powerfully antiseptic, and in no way injurious in its effects. Its cost at present is about \$2.50 per oz. Bromide of Ammonium is deemed by the Reporter of Hudson county an efficient remedy in Pertussis, for its palliation, if not its cure, in doses of one grain for each year of the child's age, repeated every four, three or two hours, as required. Quinine is also claimed by some of the Reporters as a reliable agent in their hands in this disease. doses of chloral hyd. have been successfully employed in the same disease by Dr. Arrowsmith, of Monmouth. Owen, of Morristown, reports very great benefit in the use of carbolic acid as an internal remedy in Scarlatina, 1 to 3 grains largely diluted with water every two or three hours. The salicylic acid, of which mention has been made.

may commend itself as an internal remedy in this and other diseases of blood-poisoning. Dr. Mattison repeats his commendation of Cincho Quinine, relying upon it with great confidence as an anti-periodic. His method of using it is to bring his patient under its influence by the administration of one full dose of 20 grains, and a continuance of the drug in smaller doses. The Doctor also notices an easily effectual method of artificial respiration in asphyxiated infants, being a modification of the means recommended by Byrd. The hypodermic use of Quinine in extremely obstinate intermittents, is resorted to by Dr. Pettitt, of Union county. He says that he has used it over twenty times, and has yet to see the first case where it has failed to check the paroxysms, or to produce local inflammation, when it is properly used.

Of interesting cases communicated by the Reporters, there are many which are made valuable by their full and intelligent detail. The Committee select a very few. Welch, of Monmouth, reports the birth of a child weighing 15 pounds. The mother believed herself pregnant nearly ten months, and was delivered after a painful and tedious labor. The feetus measured 16 inches round the waist. For the sake of accuracy, he weighed the child twice and deducted the weight of the napkin in which it was weighed at the time. This was the twelfth child the mother had given birth to, one of which weighed 14 pounds. He also notices a case of Delirium Tremens in a young man addicted to the opium habit, who had been accustomed to the daily use of 5 grains of morphia for a long time, occasionally supplementing it with copious draughts of whiskey. When he came under the Doctor's care he had not slept for sixty hours. Knowing his habits, he ruled out opium and placed his reliance upon tinct. digitalis, in drachm doses every two hours. At the end of twelve hours he increased

the dose to 2 drachms, but at the end of twelve hours more he was as alert as ever. He then gave half-ounce doses every two hours, and after the third dose he fell into a sleep of six hours. After taking a drachm more he fell into a profound slumber and awoke with a relief of his symptoms. He was induced to adopt this remedy from his experience in a former case, in which the digitalis had been resorted to after his other appliances had failed him. Dr. Craig, of Hudson, notices a case as follows: A lady had given birth to a child a few minutes before his arrival. The placenta had also come away. Upon directing his attention to the mother he found a tumor as large as a child's head protruding from the vulva. A careful examination disclosed a polypus attached to the neck of the uterus, its pedicle being about one inch in diameter. He returned it into the vagina, preferring to tone up the patient, who was frail, and expected to operate at a subsequent time. In introducing the tumor it had turned, thereby twisting the pedicle and arresting the supply of blood. At the expiration of six weeks the pedicle sloughed, and the patient dropped it at stool.

Dr. Deshler, of Mercer, reports the history of a maiden lady of fifty years of age, who was inoculated with syphilis by kissing her nephew, who had the disease in its secondary form. The lady's position and habits rendered the history almost certain. She had adopted the nephew in his infancy and brought him up as her son. He requited her love and care for him by frequent osculations, and thus communicated to her this loathsome disease. The primary sore was on her lip, and being for months under the care of a Homoepathic physician, nothing was done for her restoration. When the Doctor first saw her, she had ninety-seven rupial spots on her skin; some were large and deep ulcers; one eye blind from iritis, and soft palate in part destroyed.

After months of constant treatment, her restoration was effected. Her face and extremities are severely scarred, the pupil of the affected eye is permanently contracted, partly destroying her vision, and her general health seriously impaired. Two cases are noticed of fracture of the femur perfectly re-united, in old age—one in the case of a lady eighty-two years of age, and the other in a lady also of over seventy years.

NECROLOGY.

So far as the Committee has been informed, eight of our associates in the profession have been removed by death.

Dr. Robert S. Smith died Aug. 20th, 1874, after four days illness. Dr. Smith was in attendance at our last annual meeting, and will be remembered by the Fellows and Officers of the Society as one of its most regular attendants. He was a Fellow for twenty-nine years, being President of the Society in 1845, and always manifested an interest in this and in the District Society of Somerset, of which he was a member. He died in his seventy-fifth year.

Dr. Joseph Cross died in Elizabeth, where he had always lived, on the 10th of Oct., 1874, aged 66.

Dr. L. C. Bowlby died at Hackettstown, on the 15th of Oct. last.

Dr. Moses Pierson died at Metuchen, June 13th, 1874, aged about fifty.

Dr. Charles Garrison died April 11th, 1875, at Swedesboro, aged seventy-five.

Dr. Wm. M. Whitehead died in Elizabeth, Oct. 1st, 1874, aged fifty-six.

Dr. Eugene Jobs, of Springfield, Essex county, died of apoplexy, on Saturday, May 22d, aged fifty-four. He was

an accomplished physician and an accurate observer in medicine, having the respect and high esteem of his professional associates. His funeral services take place during the hours of our morning session to-day.

Dr. John M. Cornelison died in Jersey City on the 24th inst. His remains are now awaiting burial.

STEPHEN WICKES, S. C. THORNTON, THOMAS RYERSON.

Standing Committee.

APPENDIX

TO

REPORT OF THE STANDING COMMITTEE.

In Memoriam.

DR. ROBERT S. SMITH,
Born Feb. 19, 1800. Died Aug. 20, 1874. Aged 74 years.

JOSEPH CROSS, M. D., Died at Elizabeth, Oct. 10th, 1874. Aged 66.

> L. C. BOWLBY, M. D., Died at Hackettstown, Oct., 1874.

MOSES PEARSON, M. D.,
Died at Metuchen, June 13, 1874. Aged about 50.

In Memoriam.

CHARLES GARRISON, M. D., Died April 11, 1875, at Swedesboro. Aged 75.

WM. M. WHITEHEAD, M. D., Died at Elizabeth, Oct. 1, 1874. Aged 56.

EUGENE JOBS, M. D.,
Born Feb. 23, 1821. Died in Springfield, May 22, 1875. Aged 54.

JOHN M. CORNELISON, M. D.,
Died in Jersey City, May 24th, 1875. Aged 73.

OBITUARIES.

DR. ROBT. S. SMITH.

ROBT. S. SMITH was born Feb. 19th, 1800, at Flaggtown, Somerset county, N. J., where he received his preliminary education under his father, the Rev. William R. Smith, pastor of the churches of Neshanic and Harlingen. He read medicine with H. H. Van Derveer, M. D., of Roycefield, Somerset county, N. J., in the years 1817 and 1818. He afterward went to New York, and studied under Dr. Hosack about two years, and received his diploma from the State Medical Society of New Jersey, the thirtieth of December, 1820. The same day he commenced practice in Bound Brook, New Jersey, where he continued a practitioner for 53 years. No man was ever more devoted to his profession or the interests of his patients than he. He was elected President of the Medical Society of New Jersey, in 1845, and as a Fellow of the Society, was a constant attendant upon its annual meetings, being present at the anniversary at Long Branch, in the month of May preceding his death.

He died after a brief illness of four-and-a-half days, on the 20th of August, 1874, aged 74 years. A notice in a Somerville paper, says: "The respect and esteem in which he was held by the community in which he had spent his whole life, and which was evinced by the large attendance upon his obsequies, is a striking proof that even in this so-called degenerate age, a virtuous and useful life will receive its just reward."

DR. JOSEPH CROSS.

Dr. Joseph Cross was a regular graduate of medicine, nearly forty years ago. He practiced but a short time in Elizabeth, where he resided all his life. He was a good man—an Elder in the Westminister Presbyterian Church—respected for his good judgment and eminent qualities as an excellent citizen.

CHARLES GARRISON, M. D.

BY C. GRANT GARRISON, M. D.

CHARLES GARRISON was born at Deerfield, Cumberland county, N. J., March 17th, 1800. His youth was spent on the farm of his father, Wm. Garrison. From boyhood, his one great desire and ambition was to educate himself for the practice of medicine. Lack of other available means, and disinclination for farm life, led him, when about seventeen, to engage in school teaching for part of each year, and with the means thus obtained, to prosecute his medical studies during the remainder of the year. He entered the Medical Department of the University of Pennsylvania, and graduated in 1822. The subject of his thesis was "Cholera Morbus," of which disease, no man in the State has seen more cases or treated them with more uniformly gratifying success. He was married, before he graduated, to Hannah L. Fithian, sister of Dr. Joseph Fithian, now residing at Woodbury, Gloucester county.

He first settled in Fairton, a few miles below Bridgeton, in 1822. In 1823, at the solicitation of his brother-in-law, he removed to Clarksboro, in Gloucester county, and on Dec. 11, 1823, he moved to Swedesboro, in the same county, purchased the residence of Dr. Erchurius B. Fithian, and lived there and practiced for more than fifty years.

For many years his practice was very extensive and most arduous, covering as it did, the ground now occupied by twelve regular and five irregular practitioners. He was for many years an active member of the County Society, and in 1878 was made an honorary member of that body. Between the years 1844 and 1855, he was assisted in practice by a co-partnership with his only son, Joseph F. Garrison, M. D., now a clergyman in the Episcopal Church.

The secret of his success, his contentment and his happiness in this half-century of confining and laborious practice, was that he really leved his profession—its practice as well as its study. His mind and modes of thought; his manner, disposition and physique, were all peculiarly adapted to render him a wise, observant, prudent and efficient practitioner. He always kept himself well read in the periodical as well as in the standard literature of medicine. And in Therapeutics he retained to the last an almost boyish enthusiasm in testing and adopting, if reliable, each new remedy or method. The Hypodermic Syringe, the Bromides, Chloral, the Hyposulphites and Hypophosphites, and the various improvements in Anæsthesia were in his hands, at three-score and ten, so soon as their merits had attracted the attention of the medical press.

As a diagnostician, he was sagacious, shrewd and very accurate. But his most pronounced characteristic was his really remarkable, though apparently intuitive, faculty of prognosis. Whether in acute or chronic cases, the "tendency to dying" rarely deceived him; and a hopeful view expressed by him was relied upon with implicit faith.

He died on the eleventh of April, 1875, from cerebral softening. The disease had made itself apparent four years prior, by a pseudo-apoplectic attack. A few days before he died, he was seized with neuralgia of the left ear, the side opposite to that which had been affected by the paralysis. On the third day, there discharged from the ear about an ounce of a red, spongy, glistening substance; after which he sank into a semi-comatose condition, which, after lasting three days, deepened into death.

The engraving which embellishes the present volume, is an excellent likeness of one of the Fellows of the Medical Society of New Jersey, who died Sept. 5, 1869. An obituary notice was published in the Transactions for 1870, Page 90.

REPORTS OF DISTRICT SOCIETIES.

BERGEN COUNTY.

To Chairman of Standing Committee, &c.:

In April of this year I made request by note to the resident practitioners of this county, that they furnish me with reports of the health of the several districts for the current year. Of the seventeen physicians, I received a report from Drs. Hasbrouck and Neer, and it affords me pleasure to forward the communications of these very faithful gentlemen to you.

In my own district, the southern township of the county, the general health has been decidedly above the average of previous years.

During February and March there was an unusual prevalence of sore throat, of a mild diphtheritic type, which yielded readily to action of the hydrochlorate of ammonia.

On the 11th of March, 4 o'clock, P. M., I was called in consultation with Dr. Richter, of Carlstadt, to see Mrs. G., a stout plethoric German woman, aged 40, who had been in convulsions for twenty-two hours.

The Dr. and midwife, in giving me a history of the case, informed me that the patient was pregnant with her first child, but that she was not in labor, and that she ought not to be for more than a month. I use their own language. I found her unconscious, face swollen and mottled, tongue badly bitten and swollen, surface cold, respiration labored, pulse exceedingly rapid and feeble, bladder distended with

urine. From the character of the convulsions, I suspected uterine contraction, and an examination revealed the fact that the poor creature was not only in labor but the orifice of the uterus was fully dilated. The patient was at once put under the influence of chloroform (chloroform had not previously been used), and, by the use of *Hodges*' forceps, was safely delivered of a healthy male infant, weighing nine pounds. From the time of my visit to the birth of the child, quarter to 5, P. M., she had one violent convulsion. The administration of the chloroform was continued till 10 P. M., the time of my second visit; it was then discontinued, and fifteen grain doses of bromide of soda ordered to be given every two hours if the patient was restless.

12th, 9 A. M. No convulsions during the night, no medicine administered, patient suffering from puerperal mania of violent form, nurse and all hands afraid of her; administered chloroform, and by aid of the catheter emptied the bladder; after the effect of the chloroform passed off she remained quiet and partially rational. 4 P. M. Continued quiet, some of the medicine had at irregular intervals been administered.

I will only add that, with the exception of slight mania, continuing for four or five days, my patient made a good and rapid recovery.

ROBERT STEWART, Reporter.

COMMUNICATION BY DR. H. C. NEER.

PARK RIDGE.

There has been little in my practice during the past year to merit particular attention.

During the months of April and May there was a rapid falling off in the amount of sickness, and in the summer months there was less sickness than for several years previous. This was particularly noticeable in the diminished amount of Intermittent and Remittent Fevers as compared with previous years. Diarrhea and Dysentery was also less prevalent than usual, and mild in character. During the later fall months, the winter, and thus far in the spring, there has been an unusual amount of sickness. Pneumonia, Bronchitis, Influenza, and Inflammatory Affections of the throat, have been very prevalent. Rheumatism and Neuralgia have prevailed to a considerable extent, severe in character and intractable to treatment. Contagious diseases have not been very prevalent during the past year. The epidemic of measles, which prevailed during the winter and spring of 1874, continued with little abatement until in May. Diphtheria prevailed to a limited extent during the spring and early summer, and has made its a appearance again this spring, but not to any great extent.

Scarlatina, with the exception of a few cases in Rockland county, N. Y., this winter, has not been in my practice during the year. Parotitis has prevailed to a considerable extent during the winter, and occasional cases of Whooping-cough occur.

COMMUNICATION BY DR. C. HASBROUCK.

During the past year, so far as my observation extends, there has been more than the average amount of sickness throughout this part of the county; but it was rather unusually distributed, I think, through the different months of the year.

For example: the usual catarrhal affections of the throat and nasal and pulmonary passages of the spring months continued to prevail through June; so that this last month, which, in my experience, has always been the healthiest of the year, was really one of the most sickly.

Then again, July, August and September, which are usually regarded as the sickly months, were remarkable as being the most healthy—so much so, that it was a common remark among the brethren that they had scarcely any other than chronic cases to attend to.

October and November were also comparatively free from the more serious forms of disease.

In December, sore-throats began to be very common, and since that time pneumonia, pluro-pneunomia, and the usual inflammatory affections of the respiratory organs have prevailed, and still continue to prevail, to a considerable extent, with rheumatism, &c., &c. Notwithstanding the apparently great fatality of pneumonia, &c., the past winter in New York and

other cities, it seems to me that the disease, as it has fallen under my observation, has been less fatal than for some years past. In my own practice, I have, as usual, relied upon the tinct. verat. viride, dry cups, followed by hot applications and oiled silk to the chest, and enough morphia or other anodynes to relieve pain and cough. As for the rest, of course the regular administration of nourishment is important. Stimulants, with the exception of the carbonate of ammonia, I rarely give.

Of intermittents and neuralgia, we have had a good deal during the past year. But upon the whole we have had much less of the malarious forms of disease than for a few years past.

In this connection, I would mention that in May and June last, a single group of five cases of fever occurred in my practice, which I presume I must designate typho-malarial. These cases all occurred in two families living in adjoining houses, and were evidently the result of local causes—defective sewage. One of them proved fatal in the third week.

In December, while sore-throats were generally prevalent, a group of seven cases of Dipththeria, all in one family, occurred under my care. These cases were severe. In one of the cases, the exudation extended to the larynx, and for two or three days death by suffocation seemed imminent, when the membrane exfoliated and was discharged, with permanent relief. In one case, the disease proved fatal—the child dying, a week or two after the urgent symptoms had left, from anemia. Four other cases of this disease occurred at the same time, in my practice, in two other families. These cases were much milder, but in one of them—apparently the mildest of all—the membrane extended into the larynx, and killed the child by suffocation.

In the treatment of this disease I have as usual depended very much upon the regular and persistent administration of nourishment, mostly milk and egg and beef tea, together with, or in alternation with, iron, quinine, and chlorate of potass. Locally I have not been in the habit of making any applications except in the shape of gargles and drinks. Of the latter I know of none which affords so much comfort as two or three fluid drachms of the aqua chlorinii in a wineglass of water every half hour or hour.

The only others of the contagious forms of disease which have prevailed under my observation, are hooping cough and mumps. These began to prevail early in the Winter, and are still prevalent. So far as I have observed, these diseases have been comparatively mild and manageable. They have scarcely required any treatment, except care and nursing. In the treatment of the former, whooping cough, as I have stated in former reports, I have heretofore been in the habit of using belladonna in

doses sufficient to produce its intoxicating effects. This, however, is not always safe in country practice, where we cannot see our patients often enough to watch its effects. In the present epidemic, I have fallen back upon the old remedy of alum, and so far with satisfactory results. The formula I use is mostly this: R. Alum, Sulp. 3ss. to 3i., syrup zingiber, syrup acacia, aqua font., &ā, 3i. Sig. A teaspoonful four times a day. I have also found the chloral-hydrat. and potass. bromide of very great service.

BURLINGTON COUNTY.

To Chairman of Standing Committee, &c.:

DEAR SIR: Burlington county is the largest in this State, comprising six hundred square miles; the third in population; the only one extending entirely across it; bounded on the north-west by the Delaware River, and on the south-east by the Atlantic Ocean; containing a considerable variety of soil; the tertiary, green sand and cretaceous formations, as well as the white sand of the Cenozoic period; also twenty-four thousand acres of tide marshes and meadows. All the various parts of this territory are represented in our District Medical Society; therefore the reporter ought to have a valuable and copious medical history annually, to present to the Standing Committee. For some unknown reason, they prefer to be readers or "hearers of the word," rather than contributors. Therefore, the report from this county must be correspondingly meagre, notwithstanding all this extent and variety upon which they might draw. As heretofore, the diseases incident to each season, observed their regular routines. During the winter many were sick; endemics were mild and infrequent; and the recovery of the sporadic cases was the rule.

No new remedies nor plans of treatment have been tried since my last report, and the latter have been eminently conservative. Stanley G. Clark, M. D., states that a severe form of Erysipelas and Puerperal Fever were common diseases last winter; the usual amount of Cholera Infantum. Alexander Elwell, M. D., reports the treatment adopted was incising the swollen gums, administering Syr. Rhei., Pepsin and Bismuth; attention to diet, &c. Also he writes, "Fever and Ague has been with us during the whole year, occurring in all districts of my practice, showing no preference for any particular locality; attacking persons living on high and dry places, as well as in low and damp districts. Typhoid Fever appeared in September, and remained until winter. The usual treatment was adopted, and very few died."

In the practice of C. A. Barker, M. D., was an endemic of Diphtheria, which began as Tonsillitis, and was treated with Sulphuric Acid, largely diluted, and with Pot. Chlor., almost all of whom recovered. Last July I attended a boy nineteen years of age, who died of Peritonitis. My friends, Drs. E. P. Townsend and A. W. Layton, very kindly made the post-mortem examination.

The following is a synopsis of the case:

The whole parietal and reflected parts of the peritoneum we found inflamed. In addition to the bright red color, characteristic of inflammation, the opposed surfaces were firmly agglutinated by the peculiar product of that inflammation, which existed in sufficient quantity to give the copious serous effusion a milky appearance. The peritoneum covering the convex surface of the liver was coated with it, but that covering the stomach, mesentery and bladder was not. A careful examination of the appendix revealed an ulcerated opening, into which Dr. Townsend readily passed the handle of his scalpel in the right iliac fossa. Dr. Taylor found a substance, which he suspected escaped through this solution of continuity; apparently

this was a biliary calculus, of the size and shape of an orange seed, which a careful examination proved it to be. The appendix was two inches and five-eights in length, and three-fourths of an inch in thickness. The seed made its exit equidistant between the two extremities of the appendix. Adhesive inflammation followed the track of the destroyer, and closed the communication between it and the cœcum, and yet it retained its fœcal and calcareous coats.

Dr. Townsend reports to me as follows:—"From May, '74, until January, 1875, we had less than ordinary sickness. Biliary disorders were less prevalent than usual. Since January first, the reverse.

"Ulcerated Sore Throat, accompanied by glandular swellings and edema of extremities, Inflammatory Rheumatism, Intermittent and Remittent Fevers, Pneumonia and Croup have been frequent, and a curious coincident is found in the fact, that with a few exceptions, no disease has appeared in its true symptoms.

"I have had, during January and February, some of the most severe cases of Inflammatory Rheumatism I have ever seen, which in each instance yielded promptly to the influence of Propylamia.

"I have met with two cases of Placenta Previa, the first of which I delivered as soon as I reached the bedside, by turning; the second occurred in the practice of my friend, Dr. Taylor, who had inserted a tampon to check hemorrhage previous to my being called; after waiting for sufficient dilatation, the child was turned and the patient safely delivered.

"Two cases of fracture of Femur, upper third, one aged 78, the other six years, united perfectly without shortening, under the use of sand bags for support, and pully and weight for counter extension. The lady of 78, I mention

as a very remarkable case, and entirely unexpected on account of her age, but the union is absolutly perfect. An unusual number of fractures occurred during January and February."

Thomas J. Beans, observer for the Smithsonian Institute at Washington, who lives near Moorestown, has kindly furnished me with the following meteorological table.

1874.	MAX.	MIN.	MEAN.	RAIN AND MELTED SNOW. INCHES.	SNOW. INCHES.
May,June,July,August,September,October,	86 ° 98 ° 92 ° 95 ° 91 ° 78 °	43 ° 53 ° 66 ° 55 ° 51 ° 33 °	59.97 ° 72.81 ° 75.86 ° 71. ° 67. 3 ° 53. 7 °	3.61 2.20 2.75 1.65 6.14 1.42	
November, December,	67 ° 55 °	21 0	41.72 ° 32.88 °	2.635 2.005	A trace.
1010.				1	
January,	39 o	60	24.37 0	3.30	12.25
February,	59 ≎	0 0	25.72 0	2.39	8.36
March,	62 0	16 0	34.28 °	5.10	5.5
April,	72 0	26 0	45 28 °	1.15	
For the year	980	6 0	50.41 °	34.34	21.11

First killing frost, October 15th, closing the season for growth of tender vegetation. Observations of temperature made at 7 A. M., 2 and 9 P. M.; height above the sea, forty-five feet.

I send herewith a case of Chronic Splenitis, by Dr. Townsend.

S. C. THORNTON, Reporter.

Moorestown, May 13, 1875.

Case of Chronic Splenitis.

BY DR. TOWNSEND.

Mrs. A. H. W., set 38. Have been her medical attendant since 1864. First called to see her on account of severe neuralgia of womb, diaphragm and pericardium. Found the source of irritation to be uterine. She was then a widow, and had given birth to two children. At the time of my

first attendance, had not walked a half a square for several months. I found the uterus irritable, the os hypertrophied and prolapsed. Subjected her to topical treatment and soon had her about. During the past ten years she has averaged a severe relapse each year. She married again in '69. She always suffered greatly at her catamenial periods, and never had but a few drops of lochial discharge, and after each period there was a week or more of severe biliary disturbance. In December, '73, and January, '74, there was no discharge, and upon examination with the sound, I found entire occlusion of the uterine canal, severe pelvic pains, neuralgia of precordial regions being intense. Ordinary remedies giving no relief, I performed an operation for the purpose of opening the canal, which proved successful, relieving the pain, and for further evidence of its success, she became pregnant for the first time by her second husband, in June, 1875. Through the latter part of June, July and August, she suffered terribly and incessantly from nausea and vomiting, the stomach, during July and August, rejecting almost everything.

In the latter part of August, I was obliged to nourish her by means of injections of beef tea. During all of this time, the liver seemed to be throwing off immense quantities of bile, and the bowels were irregular. Most of the time, there was great dysphonea, rapid pulse, and severe neuralgia, referred to the diaphragm and spleen.

After trying unsuccessfully all anti-emetics I could hear tell of, the stomach finally became settled, and the patient passed the time very comfortably, until labor set in on March 2d.

Upon being called to her bedside, I found her suffering with severe expulsive pains, and made an examination and was surprised to find that the os had not commenced to dilate, although the vertex was presenting well down in the pelvis.

Watching the case carefully I find that there was an entire absence of contraction on the part of the circular fibres of the uterus. The expulsive pains came rapidly, and of good duration, and at the end of two hours the os being sufficiently dilated and the patient much exhausted, I applied the forceps and delivered. Finding the delivery of the child followed by hemorrhage, I attempted to remove the placenta, but found it partially adherent. This I carefully removed, and here again the failure of circular contraction became apparent. By the administration of ergot, external pressure and introduction of snow balls, I succeeded in getting a contraction and checking the hemorrhage without a dangerous loss. During the labor there was considerable nervous excitement, but the patient was quiet during the next day, March 3d, until evening, when I was summoned to her bedside and found

her suffering frightfully with neuralgia in the pelvic and left ileac region; pulse 128 and respiration hurried. Owing to the peculiar effects of opiates upon her, I was debarred from their use. I therefore administered chloral in camphor water, giving five grains of the drug every hour. The patient gained relief toward morning, and seemed to do well until the seventh day, the 10th of the month, when without any peritoneal symptoms, bilious vomiting, followed by constant nausea, occurred. On the second and third days from labor, I had administered ol ricini, which came from the rectum unchanged and unaccompanied by feecal matter, After the vomiting of bilious material, discharges commenced from the bowels which had the appearance of gas tar, and came on the night of March 10th, without the knowledge of the patient, the pulse during all this time was never lower than 112, considerable tenderness over the abdominal region, and flatulence. But the most prominent symptoms were pain in left ileum and left side over the region of spleen, and difficult respiration. From the date of delivery, I was obliged to use stimulants and valerianate of ammonia or chloral and camphor. From the 10th until the 23d, the patient gradually lost ground, and expired about 4 P. M. of the 23d, it being the twenty-second day from delivery.

The privilege of post mortem examination having been solicited and granted, with the assistance of Dr. A. W. Taylor, I made a general examination, with somewhat unexpected results. I fully expected to find the results of a low type of peritoneal inflammation; but, with the exception of slight congestion of the broad ligaments and their immediate peritoneal covering, there was not the slightest symptom of even congestion on any portion of the abdominal cavity. The liver was very much hypertrophied, extending entirely across the stomach and overlapping the spleen; its weight 7 lbs. The spleen was of a very dark color, enlarged to about 11 lbs, and on opening the capsule, I found its tissue entirely soft and apparently broken down. The heart and lungs were normal. The gall bladder contained forty-four granules or calculi of pure cholestine. The uterus had upon its external surface a patch of ulcerated surface, which indicated metritis of a very low grade. I contend that this woman's death occurred from debility, or by impoverished blood -caused by her spleen destroying and carrying off the red corpuscles of the blood, and that to this spleen may be attributed her frequent severe attacks during many years past. One curious coincidence, which I neglected to mention, was the appearance of an irritative eruption around the waist over the region of the stomach and spleen, during each biliary attack she has had I am aware that in my hurried description of this case, I have failed to convey any idea of the difficulties I have experienced in managing it; not only in former years, but during her last sickness, when I was compelled to give stimulants constantly, and yet try to steer clear of peritonitis or metritis, compelled to use anodynes, although my patient was terribly weak and prostrated. I am inclined to cry out that money is no sufficient remuneration for the assumption of such responsibilities.

CAMDEN COUNTY.

To Chairman of Standing Committee, &c.:

A review of the sanitary condition of Camden county for the past year, brings out the fact, that during the spring, summer and autumn, more than the average degree of health was the rule over the whole county as well as city. One of our physicians, Dr. J. W. Snowden, of Waterford, reports nothing like it during the twenty-nine years of his practice there. This unusual state of healthfulness was accompanied by mild weather until after Christmas, when winter set in with great severity, continuing until late in the spring, and accompanied by more than the ordinary amount of such sickness as generally prevails at that season.

Of the spring, it might be said that while there was less sickness than usual, the long continued cold and dampness kept up the diseases of winter to a later period than is common with us. Pneumonia, Pleurisy and affections of the air passages being more frequent in the month of May, than has been noticed for years. Our usual Intermittents and Remittents which begin in April and May, showed a noticeable disposition to take the Typhoid form, and indeed, true Enteric Fever was more frequently met with during the spring, than is commonly seen in this locality. A very much greater proportion of Remittents has been noticed during the year than is usual with us, which after running for from two to ten days, would burn out or fall

into an intermittent of quotidian or tertian type. The steady improvement in drainage, by means of culverts, which has been going on in this city for years, is making its impression upon the frequency of miasmatic fevers in a very satisfactory manner; but it would seem to be a law of malaria, that where its influence is insufficient to produce Intermittent Fèver, it is still able to make itself felt by that more continuous derangement of all the functions which we call Remittent Fever.

Notwithstanding this influence has been partially destroyed by the combined efforts of science and art, its congestive character was more often seen during the spring and early summer of the past year, than was our wont, and sudden deaths and irregular forms of disease such as all physicians who practice in malarial districts are familiar with, were very common among us.

Scarcely any organ or nerve centre of the body but what was seen at some time disturbed by this silent giant, fortunately in the most instances readily relieved by that admirable balance of power inherent in the human system, by which the congestive stage of one period is relieved by the febrile stage of the other, as well as by the judicious use of Quinine or Cinchonine. Prominent among these irregularities I call to mind a case of glosso-laryngeal neuralgia of periodic form. The pain came on at night in the tongue and larynx, making sleep out of the question and articulation difficult. This subsided in the morning, leaving the patient hoarse, as if from the effects of opium, to return again the next evening; it yielded readily to Quinine in the ordinary doses. Another, a case of periodic Diarrhea of dysenteric character, every other day the man found himself unable to work on account of this troublesome flux, for which he took various domestic remedies, without any permanent benefit, but was soon relieved by his physician, who detected the cloven foot without any difficulty.

Typhoid or Enteric Fever has certainly prevailed to a much greater degree during the year, than is usual with us, but not with any great amount of fatality. It has been treated by the supporting plan, beef tea and milk punch, forming the basis of all remedial measures, together with due attention to the bowels. Emulsions of Oil of Turpentine with Tinct. Opium in small doses, generally controlling them without much difficulty. These have been assisted at times by the acetate of lead and opium as astringents; on the whole, we have come to look upon it in its sporadic form, as it occurs here, as not a very fatal form of disease.

The hot days and unusual cool nights of August, brought with them diarrhea and dysentery of a very mild and for the most part curable type. During this month the weather was very dry, and it would be interesting to know how much moisture has to do with our bowel affections. Certainly during the dry weather which prevailed at the time when these diseases are generally prevalent, they were far less numerous and far more tractable than we are in the habit of seeing them. A large number of cases of irritability of the bladder were noticeable about this time, giving rise to a great deal of distress and inconvenience, and while not amounting to a regular disease, often compelling the sufferer to seek medical aid. How much this ailment arose from the prevailing habit of sitting upon marble door steps during the cool evenings, I leave each one to determine for himself.

Cholera Infantum, the scourge of infantile life in cities, was despoiled of many of its victims by reason of the moderate amount of heat, taking day and night together, to which young children were subjected, the summer being remarkable for the comfortable coolness of its nights, thus

relieving them of one, if not the principal cause of this disorder. Nevertheless a large number of the little "bottle feds," fell victims to the Moloch of imperfect diet and musty milk tubes. Although the autumn was mild and dry a number of cases of Pneumonia and Pleurisy were noticed, along with the usual autumnal fevers; in fact there was scarcely a month during the year but what these diseases were seen, but when the wintry weather began to increase, the fevers of our locality became less frequent, while inflammations of the throat, air passages and lungs became more common, and from January first until May, everything which usually goes to make up the list of diseases of a locality like this, was seen in more than average numbers. Sore Throat, Diphtheria, Scarlet Fever, Rheumatism, Erysipelas, Pneumonia, Pleurisy, and all the inflammatory diseases, gave us our hands full. So varied and various were the affections, that one might have supposed that Pandora's box had been opened in our midst.

Of Sore Throats, your Reporter would mention a variety prevalent during the early winter, usually called Diphtheritic, but more properly called simple Membranous Sore Throat, seen by all practitioners everywhere, and very perfectly described by Dr. J. Solis Cohen, of Philadelphia, as Membranous or Herpetic Sore Throat. This simple disease, although painful and distressing, is readily relieved, and is not attended by any of the evidences of blood poison. It furnishes a large number of the cases of Dipththeria, reported as cured by Homœpathic Physicians and others equally ignorant. Close observers have stated that when seen early enough, the herpetic vesicles can be distinguished, which afterwards break and are followed by a simple membrane.

Diphtheria itself, and I regret to say, often of a very malignant type, has prevailed to a considerable extent in

Camden City, causing quite a number of deaths. In some instances the larynx became involved almost from the beginning, and the patient died from combined exhaustion and suffocation. In others the malignity of the blood poison soon wore out the little sufferers. Quinine, Strychnine, Chlor. Potass, Tinct. Chlorid. of Iron, Beef Tea, and Milk Punch were the remedies most relied on; but it seemed almost useless to contend against the fate that awaited the patient, in many instances so malignant did the disease appear. It may safely be said, that we have never been visited with anything which approached so near an epidemic of this disease before.

Scarlet Fever seems to have prevailed over the whole county more or less, but generally spoken of as of a mild type, although in Camden City, quite a large number of the cases were of a grave or malignant character, and proved fatal in many instances. The general impression seems to be that the sulphites and hyposulphites so much vaunted in this disease, are not of much value. Your Reporter has been unable to learn of any one pursuing the cold treatment, as advocated so ably for so many years by Dr. Corson, of Pennsylvania, and now attracting the attention of the leading minds of this country and Europe, but he has no doubt that the day is not far distant when the judicious use of cold in this and all other fevers will be successfully employed as a remedial measure.

Pneumonia was common over the whole county during the winter, but in no place could be called epidemic. It seems to have been very amenable to treatment, and was not attended by a great deal of fatality. As seen by myself, it was more sthenic in type than is usual, but not sufficiently so to admit of more depletion than a purge. In my hands Tinct. Verat. Viride, Blisters and Muriat of Ammonia answered the most happy purpose. In regard to Verat. Viride, I was led to adopt the plan of administrating given below, on account of the enthusiastic praise bestowed upon it by Dr. Virgil Marcy, of Cape May county. Take of Tinct. Verat. Viride, and Syr. Scillæ, equal parts, mix and begin with ten drops for a dose, and increase one drop every three hours until the symptoms improve or the stomach rebels, which is rarely before the the dose reaches eighteen or twenty drops. Then begin at ten or twelve drops after the stomach has settled, and increase until the disease gives way or the sick stomach occurs again. I think any one thus using it will find it a most valuable remedy in Pneumonia. It often can be used in this way in cases which require considerable stimulation. Its action I am satisfied is not dependent upon the effects upon the heart's action, and I have come to look upon it almost as a "sine qua non."

Rheumatism, of which there has been a great deal, and of great variety, has presented nothing of unusual interest. Reports from different physicians, speak of it as easily managed in the majority of instances, and this corresponds with the experience of the Reporter. The most common treatment is the various Salts of Potash with Colchicum, and moderate use of mercurials at the begining. Thus it will be seen that while the first half of our medical year was blessed with more than the usual proportion of good health, the latter half, which included one of the most inclement of winters, was accompanied by a great deal of sickness of all varieties, but fortunately, except in the matter of Scarlet Fever and Diphtheria, as they occurred in the southern part of our city, of a tractable kind.

Of real epidemics, none of much importance have occurred. Mumps and Whooping Cough have prevailed, and a spurious sort of Measles, Rubeola, Sine Catarrh—of the books—have been the principal ones. Measles have been rather infrequent.

Dr. Snowden reports an epidemic of Catarrhal Ophthalmia, in the neighborhood of Waterford. The Mumps, spoken of above, were remarkable for their swelling character, taking old and young with a strong tendency to metastasis.

In therapeutics, your Reporter would make mention of the good effect of Quinine in Whooping Cough, in free doses such as are given in intermittents. The troublesome cough at night was relieved by this means very satisfactorily.

Dr. S. M. Ridge, speaks of the Iodid. of Potass. with small doses of Bin. Iodid. of Mercury, in the dropsical sequelæ of Scarlet Fever, in terms of the highest praise. In the only instance in which the writer used it, it succeeded admirably.

I send with this, reports of some cases of interest which have been kindly furnished me by physicians in attendance, which are appended to this report.

A. MARCY, M. D., Reporter.

CAMDEN, N. J., May 5th, 1875.

COMMUNICATIONS BY THOS. F. CULLEN, M. D.

I.-A MALE MONSTROSITY.

On July 8th, A. D. 1874, about 10 o'clock P. M., I was called to see a case of labor, Mrs. ———, primipara. Os uteri, size of a silver quarter of a dollar. Saw her again in two hours; os dilatable and as large as a silver dollar; the bag of water somewhat conoidal, and, although at first examination, a head seemed to be presenting, some doubts arose about the character of the presentation, but on account of a desire not to rupture the membranes early, no strict examination as to the exact character of the presentation was made for a short time.

Upon the arrival of the period for rupturing the membranes, the presentation was found not to be that of the head, a breech being first supposed, but no organs of generation could be discerned, although the parts were

coming through the pelvic passage quickly; no meconium nor anus could be distinguished. When the os uteri was about three fourths dilated, the umbilical cord prolapsed to the length of eight inches, and for one half hour I had great difficulty in keeping it well pushed up into the uterine cavity. The pains being strong, loops would protrude, and at times no pulsation could be perceived, and my honest conviction was, that the fœtus was dead; but, as the sequel proves, my hopes and fears were groundless. As labor progressed, by a further examination, what was thought to be a thigh slightly fluxed on the belly, was found, which, upon gentle traction, proved to be a mere stump of one and a half inches in length. Of course I had a breech without any legs. I let the labor progress naturally, as the pains were strong. The child was by uterine contractions soon born to the shoulders; upon slipping up my finger to bring down one shoulder, I found that it glided over a stump of the humerus, about one and a half inches long, and upon bringing down the arm, I found it withered in appearance, or rather feeble, with webbed fingers and thumb. Impulse said, let the chin depart from the chest; science said, keep the chin down with the finger in the mouth, and deliver secundum artem-which I did, and found a monstrosity; happily, dead, as I supposed. I tied the cord and removed the placenta as soon as possible, as it always should be in most cases, as the after-birth of the child is not only a useless but a foreign body.

At the moment I was relieved of the care of the mother, the supposed dead child began to cry lustily, and upon examination, I found it to be, as partially described above, a healthy, robust child, the left side of head and chest better developed than the right. The right arm was merely a stump one and a half inches long, having the appearance of a healed stump after amputation. The left femur was entirely absent, the scrotum occupying the part assigned to it in the animal economy; the penis obliterated by the scrotal tissues, and only the orifice of the urethra discernable, and with a little difficulty entered by a probe. The left arm, small, feeble, semiflexed, hand flexed on forearm, finger and thumb webbed and shriveled. A stump of the femur, about one and a half inches long, marked the place for the left thigh; all the motions of the head of the femur were normal, and the stump gave the appearance of an amputation, except that at the end of the stump, at the posterior part, there was a rudimental heel of very small dimensions, and at the anterior part, an effort at the formation of a great toe, in which there was a rudimentary nail. The child had also an imperfect anus.

The labor was completed at about 2 o'clock, A. M. I left the house at

about 8 o'clock, A. M. At 6 o'clock, A. M., I was recalled; found the mother very nervous and excited, child crying; prescribed for her secundum artem; asked how the child was, answered, "lively;" went into the adjoining room to see it, found it looking well, except very pale; uncovered it for the purpose of looking at the deformities; found the inner wrappings and bandages covered with blood, looked at the umbilical cord, found it cut off to within one third of an inch of the abdomen, and blood oozing; tied it with fine twine and asked, who did this? Answered by a woman unknown to me, "that the child cried so when you went away, that an old neighbor woman came in to see what was the matter, looked at the child, saying that she would stop its crying, 'as the doctors do,' and would cut the cord again." I asked ano more questions, and again turned my attention to the mother, who was still suffering from a high nervous excitement.

To be brief, the child lived seven days; passed water every day; on the day before its death, evacuated a drop or two of meconium, and would have passed more, had not the parents positively refused to have any operation performed for imperforate anus.

After death I obtained three photographic views, which are appended to this report.

A post mortem examination was made by me, in presence of Drs. J. V. Schenck, Thos. G. Rowand, A. M. Mecray and I. B. Mulford, resulting as follows:

Liver, in good condition, normal.

Spleen, natural size,

Heart.

Chest, whole contents

Stomach, empty, with the exception of a little bile and mucus.

"

No hip joint on the right side; a mere attempt at an acetabulum.

A direct hernia, right inguinal ring, intestines filling the scrotum.

The penis, at birth entirely obscured, now slightly observable and protruding.

Bladder, empty and of normal size.

Testicles, normal.

The colon, above the sigmoid flexure, largely distended.

Small intestines, natural in size and appearance.

Kidneys, healthy.

Anus, which for the first six days was imperforate, was perforated to about the diameter of a small probe.

The child died July 15th, A. D. 1874.

The three photographs* accompanying this report, elucidate the external appearance of the child more fully than I; they were taken on the day of its death.

No. 1. Front View.

No. 2. Back '

No. 3. Posterior "

P. S.—In conversation with Mrs.——, as to what impression or influence might have had any effect on her during her pregnancy, I could not obtain any definite answer for the first few days, but on the third or fourth day after delivery, she merely remembered that she had taken great interest in the events attending the death of the Siamese Twins, and had read carefully the sensational accounts in the secular papers, giving descriptions of the dissections, accompanied by two outlines of armless and legless trunks, purporting to be fair similies of the deceased twins. These accounts she read merely from curiosity, and had no unpleasant feeling concerning the death or dissection of this peculiar pair. The paper in which the cuts appeared, I am under the impression, was "The Philadelphia Inquirer." The child was born July 8, A. D. 1874. The Siamese Twins died January 19, A. D. 1874. The date of views in the "Inquirer," was about one month later. This case has interest only as adding to the statistics of monsters.

II.—Case of Severe Injury of Elbow Joint.

Case of Dislocation of the Radius and Ulna of the left arm, with comminuted fracture of the edges of the olecranon and coronoid process of the ulna and of the edges of the internal condyle of the humerus; complicated with an incised wound, extending from about one inch above the internal condyle, along the inner side of the biceps, three and one half inches in length, opening into the elbow joint.

I saw the case on September 17th, A. D. 1874, with Drs. White and Marcy.

The patient was very much depressed, and informed us that he had been struck by the tender attached to a locomotive engine, whilst he was walking along a planked railroad track, and supposed that his hand was caught and jammed between the planks and the rail; whilst the tender pressed against his humerus, producing the incised wound and the dislocation.

The fore-arm was perfectly supinated and almost entirely extended. The least attempt at pronation or flexion, causing exquisite pain.

^{*} Deposited in the archives of the Society.

Upon a casual examination, both exteriorly and through the wound, the olecranon process was found occupying the anterior or lesser sigmoid cavity of the humerus, whilst the coronoid process presented to the posterior or greater sigmoid cavity of the humerus.

This condition of affairs could be distinctly discerned by passing the finger into the wound, along the inner side of the biceps and its tendon, and also numerous spicula of bone of various shapes and sizes were found floating in the connecting tissues; broken and disrupted as they were, but slight effort would have been needed to removed them.

The head of the radius was found posterior, and a little exterior to the coronoid process of the ulna.

The elbow joint was entirely disrupted, as the free flow of synovia and its ready exploration by the finger positively demonstrated.

The character of the injury was such, that amputation above the elbow at about the lower third of the humerus seemed to be imperatively demanded; but as anæsthesia was necessary under the circumstances of the case, Squibbs' Ether and Chloroform were administered to their full effect, when a more complete examination was made, when it was determined to attempt the reduction of the luxations, which with some difficulty was accomplished by elevating the olecranon process from the lesser or anterior sigmoid cavity, and carrying it above and around the internal condyle of the humerus, and immediately flexing the fore-arm on the turn around and then extending it; semiflexion of the arm was then found to be permissible, but the head of the radius was still behind its articular surface, with the external condyle of the humerus, and the fore-arm was still somewhat supine.

To reduce this dislocation, gentle flexion, perfect pronation, then sudden extension, combined with complete supination, accompanied at the same moment by strong pressure against the head of the radius from behind, forwards and outward, toward the external condyle of the humerus, and the luxations were entirely reduced, giving us every motion of the elbow joint in its entirety, and leaving only a wound about three and a half inches in length, which was dressed with two or three stitches, adhesive straps, angular splint, tepid water dressings at first, followed by cold water, and afterwards lint, dipped in olive oil and carbolic acid.

The case was troublesome, as it had to be dressed daily, and the angle of the splints had to be changed every few days.

He made a good recovery, with a partially moveable elbow joint, good pronation and supination, and perfect use of his hand and fingers.

PECULIAR TERMINATION OF A CASE OF REMITTENT FEVER.

By A. M. MARCY, M. D.

Dec. 19th, '74, I was called to see A. H., aged 16 years, who had been sick some time with, what was supposed to be a Remittent Fever. I found her with little fever, bowels costive, tongue slightly furred, with increase of fever at night. In a few days it became decidedly intermittent in character, which full doses of quinine soon entirely put a stop to.

The patient now remained in a typhoid condition for six weeks, when she began to complain of her throat, which in a few days sphacelated, the tonsils and soft palate mortifying and coming away in shreds. Death ensued in a few days.

The peculiarity of the case, was the long continued typhoid condition which she remained in after all symptoms of fever were gone, and the low vitality of the patient, causing sloughing of the throat, and death.

There appeared to be no apparent cause to account for the want of vitality and thus to terminate, as her age and surroundings were of such a character that one would not look for such a result.

The treatment was tonic and stimulating, with alteratives. Camden, May 11th, 1875.

INTERESTING CASE REPORTED BY DR. J. V. SCHENCK.

Commenced the treatment of Mrs.——, in the summer of 1874. Her symptoms pointed to the uterus as the cause of her trouble.

A speculum examination exposed a badly ulcerated os. The means tried, soon made a decided improvement in the condition of uterus.

The general health of my patient failed to recuperate, however. She continued emaciated and care-worn. Her haggard expression betokened a furnace of affliction somewhere. The pain given to patient by introduction of speculum in the first instance, induced me to use a small sized instrument. I first attributed this pain to vaginismus. The improvement in diseased condition of womb giving no relief to her physicial wretchedness or mental depression, I was led to inquire more particularly about the trouble at the orifice of vagina. I found the urethra the tender point with her, and that micturition was always attended with excessive suffering. She would defer the act as long as possible, and when forced to its performance, it required all the will she possessed to go through the ordeal. These repeated shocks to her nervous system had made a wreck of her former self.

An article on affections peculiar to the female urethra, written by Prof. Wm. Goodell, of the University of Pa., and published in the Philadelphia Medical Times, met my attention at this juncture. The doctor's very lucid description enlightened me as to my own case. I was not suprised at the next examination of my patient, to see protruding from the meatus urinarius, on a little expulsive effort, a small vascular excrescence.

The least touch of the forceps to this, gave the patient excessive pain. I found it impossible to investigate the case any further, without the patient being under the influence of an anæsthetic. I proposed an examination and operation under the influence of ether; the patient assenting to anything that promised relief.

Dr. Marcy kindly offered his assistance. We administered ether until profound anæsthesia was produced. Following the advice of Dr. Goodell, we largely dilated the urethra, and found the canal for some distance, studded with small caruncles, sessile in character, appearing very like granulations. We did not resort to the knife, but applied at once fuming nitric acid on the end of a soft piece of wood; about half an inch of the urethra was embraced in the application. A little clive oil was then applied. The local disturbance excited by the medication was very considerable, and continued for three or four days. Opiates and demulcent drinks relieved the great distress, and tided her over. For the first time in years, the patient could now void her urine without pain. Her general appearance is now rapidly improving, and the dread that rested upon her spirits like an incubus, has taken its departure, leaving scarce a trace behind.

CAPE MAY COUNTY.

To Chairman of Standing Committee, &c.:

I am pleased to be able to say, as last year, that I have little of interest to report from this county. With the the exception of the beginning of each year, the health of the county, or more especially of this part of it, has been unprecedentedly good. My last year's report left me in the midst of an epidemic of Catarrh, which subsided in the month of May. During the summer and fall weather, we could not get up anything more than a few cases of casual

sickness, just enough to keep the axletrees of our carriages from becoming too rusty to turn, and ourselves from forgetting that we had ever been "dubbed" with the title of M. D. The summer gave us the fewest number of cases of Cholera Infantum or attacks of bowel complaints of any other character that I ever saw here. And the fall utterly failed to bring with it its usual quota of intermittents or remittents. The winter did better with its peculiar diseases, yet nothing to brag on, considering its terrible severity. Again, however, this spring, March and April came to our relief, and we had to grease up the axles anew and brush up our dormant knowledge, and contend with, not exactly an epidemic, for there was no one disease prevailing more than another, but as if to make up for lost time, about all of our usual diseases in their due proportion prevailed in an unusual degree. The rush seems now to be about over, and whether we are to go through the next summer as idly as the last, remains to be seen. I was fortunate enough, during that "compulsory attendance at court," to fall in with a brother from the upper portion of our county, and at once laid violent hands on him for a yearly account of the doings in his part of the county. From his information, I should judge the experience of the brethren in that section would about agree with ours here. He says they have had no epidemic of any respectable character of any kind with them. A little of the Measles, Scarlatina, Whooping Cough, &c., &c., just enough to keep in remembrance there were such diseases that occasionally broke out with violence. Some Pneumonia through the winter and spring. Diphtheria still keeps its place in our daily routine, as it has ever since its inception in '60. We have had, too, a great deal of those French Measles, and a Scarlet Rash, as before reported, but exactly how much we cannot say, as it was of no benefit

to the poor doctor. The only epidemic (profitable one) that we could get up in this part of the county, has been the natural one of replenishing the population. It would seem this spring as if the people last year took advantage of the general health, to get up a big and undue proportion of excitement on their own account, and this spring, as the fruits of their efforts, it is almost impossible to get a whole night's rest for the arbitrary little responsibilities that will not "wait till morning." I have no special cases of interest to report. There was one that I hope to see reported from another source; it passed from under my observation, and I have only the beginning of it. sympathetic amaurosis from procidentia uteri; first of the left eye, and this recovering its vision, immediately The first lasted some four or five weeks, and the last I lost sight of.

VIRGIL M. D. MARCY, Reporter.

COLD SPRING, May 14th, 1875.

CUMBERLAND COUNTY.

To Chairman of Standing Committee, &c.:

With few exceptions, the year has not been marked by anything of special note in this district. A less amount of sickness than is usual occurred during the summer months. The absence of infantile disorders incident to the season, was especially observed.

During July and August, trying months for the infant, there was an almost entire exemption from Cholera Infantum. The frequent showers and consequently freshened atmosphere, reduced the number and severity, and simple treatment readily subdued the symptoms of the isolated cases. Some of the highest and latest authorities have

advised to discard the use of mercurials in the treatment of infantile cholera.

Hepatic disturbances are too frequently met with in our district, where malarial influences still impress themselves, to allow the omission of so valuable a remedy (though for this reason to be the more cautiously used) in our summer and autumnal diseases.

Sanitary and hygienic measures doubtless do most to relieve the mortality of cholera infantum. A sudden change of the temperature, an immediate removal upon its accession into a healthier locality, or the supply of an improved quality of food, may accomplish more for the relief of the little patient than the physician's whole armament.

Diarrhea and dysentery were infrequent among adults—indeed the summer was one of remarkable healthfulness. In one obstinate case of dysentery, under Dr. Newell's care, the worst features were well brought under subjection by repeated enemata of hydrat. chloral. The Doctor used 20 grs. to a 43 starch enema.

Dr. Potter reported a case of constipation, continuing for fifty-one days, due to softening of the brain, and consequent paralysis. The Doctor's treatment was expectant, and is being continued. The result may be made known in a future report.

No epidemic has occurred. The prevalence of influenza or catarrhal fever during the present spring months most nearly approached an epidemic form.

Dr. Tomlinson, of Roadstown, reported 30 cases of Scarlatina last autumn in his neighborhood. Three of these cases proved fatal, occasioned in each instance by taking cold, showing ability to control the fever when protected from undue exposure. Scarlatina has existed through the winter and spring months, in various sections of this district. It assumed a more malignant type in the city of

Millville. Dr. Whitaker of that city informs me that Scarlatina has not been absent from that community during any interval of six months' duration for the last five years. Dr. Whitaker speaks also of a hybrid of measles and scarlatina, twelve cases of which he had met with himself, in which the special symptoms of both were intimately blended. The pulse marked 100° to 110°. The throat was sore internally and externally. The eruption varied from the size of a pea to that of a millet seed, and white streaks ran about through the blotches. Nausea and vomiting occurred in some of the cases. Rheumatism and dropsy followed as sequelæ.

Intermittent and remittent fevers are only occasionally met with in certain localities in this district. Dysentery bears a close relationship to these fevers. Mercurials and opium with quinine are the successful remedies in them all.

Dr. H. W. Elmer reported a persistent and fatal case of Jaundice. It was remarkable, in that at the post mortem examination, a most careful investigation failed to discover even the vestige of a gall bladder or its duct.

Diphtheria and whooping cough have occurred sporadically in the county.

Typhoid fever is of rare occurrence, if indeed it does occur ab initio. Your reporter does not remember a case with the distinct typhoid symptoms marked from the commencement. Our bilious fevers, when neglected or ill treated, sometimes assume a typhoid character, and become classed under the head of typhoid fever.

Rheumatism has been more than usually prevalent during the first three months of this year.

The profession have had to deal largely with cases of disease of the respiratory organs. The winter was long and severe. Bronchitis and pneumonia prevailed largely.

A blister, following cupping, is most useful when availed of early in the disease.

Dr. H. W. Elmer reported a remarkable case of double pneumonia, which finally proved fatal. After exposure, rheumatism seized the patient in one toe, which soon passed to the knee, and afterwards, all the joints became affected. The rheumatic pains then sudden'y subsided and double pneumonia supervened, rendering the patient's state a most critical one, whereas at first he was not considered dangerously ill.

Other remarkable cases have been reported by the profession; but time will not permit me to mention more than Dr. Bateman's. It shows conclusively how well the scarlatinal poison may be carried about in the clothing.

In glancing back over the medical year, there has probably been the average amount of sickness, usually yielding to appropriate treatment.

Our District Society held their annual meeting this year, in the city of Millville. The annual and semi-annual meetings have been held regularly for over fifty years in Bridgeton, the county seat. Until two years ago, the annual meeting convened in Cedarville. Thus we have become a migratory body. It may at least have the effect of rendering your reporter better acquainted with the regions beyond.

T. J. SMITH, Reporter.

BRIDGETON, May, 1875.

SCARLATINA CARRIED IN THE CLOTHING.

By Dr. R. M. BATEMAN.

There are many very well-informed physicians who contend that Scarlatina is not contagious. The late Prof. Dewees was among the number. "I have

never seen" said that distinguished Professor, "any decided proof that it (i. e. scarlatina,) had communicated itself in any one instance."

My experience with this disease during the past year, has not only furnished decided proof of its contagious character, but has demonstrated that the specific poison may be carried in the clothing of attendants, and thus be communicated to outside individuals and families. I purpose very briefly to relate a well-marked case of this kind, which I think will be of interest to my professional brethren.

F. J. S., a student at one of the commercial colleges in Philadelphia, returned to his home in Cedarville, April 25, 1874, sick with Typhoid Fever. He had been indisposed several days, and under medical treatment in the city, but being anxious to reach home, had imprudently started upon his journey in a cold rain storm. I saw him professionally a few hours after his return. In giving an account of his case, he stated that his room-mate in Philadelphia was also sick, and that he was obliged to be up during much of the past night, in waiting upon him. He did not know the nature of his friend's disease, and thought that his own present indisposition was caused by exposure and fatigue.

Twenty-four hours thereafter found the young man confined to his bed, with the symptoms of Typhoid Fever more distinctly marked. There was already very considerable intestinal irritation. The diarrhœa was persistent and difficult to control. The tongue, at first moist and slightly coated, became, as the disease advanced, red and very dry; protruded it with great difficulty; articulated indistinctly; fever moderate in grade; pulse fair; mind clear.

A letter was received from Philadelphia, stating that his room-mate's disease proved to be Scarlatina. In two weeks after his return home, my patient was covered with the scarlatinous rash. The disease was of the anginose variety. The parotid gland of the right side swelled rapidly, and soon destroyed the contour of the face. The two diseases, like hostile giants, contended for the mastery. After a contest of five days' duration Scarlatina was vanquished, and Typhoid Fever again held undisputed possession of the system. The latter disease ran through its regular stages, and the young man, after being confined to the house some eight or ten weeks, was restored to his accustomed health and strength.

My patient had two older married brothers, living in different parts of the town, who were alternately watchers at night, by his bedside. They were with him when the Scarlatina made its appearance, and nursed him during its continuance. Two weeks thereafter, I was called to the house of the older brother, and found his youngest child, a babe, covered with the rash. The disease was of a mild form, and was not communicated to other members of the family. The same week I was called to the house of the second brother, and found his oldest child, a little boy of five years, sick with the fever. The disease was communicated to a younger brother, and thence to the mother. These patients were all very sick. The recovery of the first named child being exceedingly tedious, and attended with many of the unpleasant sequelæ of the fever. In neither family did the father manifest any symptoms of the disease. They were in the habit of watching with their brother until three or four o'clock in the morning, and then, upon their return home, of throwing themselves upon the bed in the family sleeping room, in order to obtain a little rest before the hour of breakfast.

Now what does my case prove? Does it not prove that Scarlatina is contagious? Nay more: does it not prove that the contagious principle attached itself to the clothing of these fathers, and was by them carried to their respective families, and that too, although their own system was unaffected by the volatile poison?

ESSEX COUNTY.

To Chairman of Standing Committee, &c. :

During the past year, Essex county has been favored with a comparative freedom from disease of all characters. A long and inclement winter gave, perhaps, a larger number of cases of Pneumonia than have been observed in former years; but no marked increase in the number of other diseases of the respiratory organs common to the colder months.

The experience of others coincides with my own in the matter of observing cases of a malarial type more frequently than usual, after the advent of frost.

In the central part of the county, epidemics of Parotitis

and Diphtheria have appeared, the former somewhat extended. Cases of the latter affection were not so numerous, but a majority were severe. In Orange and its vicinity, it hovered about low, poorly drained localities, almost entirely, leaving but little doubt that its origin holds a close relationship with unfavorable sanitary surroundings. The attending physician, in one instance where several members of a family had been attacked, found the drinking water from the well markedly impure, as evidenced in smell and taste, and in the deposit of a sediment in which the microscope discovered a fungous development analagous to, if not precisely like that which has been observed in the exudation characteristic of the malady. was in close proximity to a cesspool, whose impurities had found easy access to the water. Long before the Diphtheritic troubles were encountered, the family had noticed the unnatural features of the water, but persisted in its use, ignoring the notion that nauseous odors and tastes are bestowed for a benevolent purpose.

The salicylic acid has been tried by several physicians as a local application to the throat in the treatment of Diphtheria, in the form of a gargle, spray, &c.

Drs. Edwards and Van Wagenen of Newark, and Chandler of South Orange, report favorable results. The membrane disappears rapidly under its use, and the general symptoms subside in a shorter space of time than is usual in cases of like severity treated without this agent.

Please find herewith the paper on "The Microscope in Gynæcology," by Dr. Edwards, which he forwards for publication, at the request of the District Medical Society.

FRANK WILMARTH, Reporter.

East Orange, May 15th, 1875.

THE MICROSCOPE IN GYN.ECOLOGY. BY A. MEAD EDWARDS, M. D., NEWARK, N. J.

[Read before the District Medical Society for Essex Co., N. J., April 6, 1875.]

When the various and continually multiplying applications of the modern compound achromatic microscope, in its present almost perfected condition, to the various branches of biology are taken into consideration, it becomes a matter of some surprise that the practitioner of medicine has not more frequently availed himself of the assistance of that important instrument of research, in augmenting the limited powers with which he has been gifted, and thereby enabling him the more certainly to arrive at correct diagnoses in cases of disease. We ought hardly, however, to wonder that the already overburdened busy man of practice cannot steal a few more hours from his time of necessary rest, to look still deeper into the tissues of his patients. But there are always men, and they are perhaps to be found amongst the specialists, who do have the time to devote to researches of a scientific character. Many of these, doubtless, lack the desire or ability to use an instrument, such as the microscope, which requires for its intelligent employment a long period of schooling, of a severe and thorough description. those who have not used its searching eye to assist and guide the labors of the mind, the microscope appears to be, doubtless, either a mere plaything, or, at best, an instrument the use of which is as easy as seeing with the eves alone. To such the microscopist seems little better than an idler, or, even worse, a wild enthusiast. But they forget how many years it took them to learn to see as well as they can with their unassisted eyes; how many still longer years were required before they could interpret what they saw and thought they could comprehend. The manifold difficulties attendant upon microscopic research, are not known to such persons, and can only be appreciated from experience. It would be out of place to dwell upon them at the present time; but it will be my endeavor to call attention to a field of research which has been but little cultivated, but which would yield to the earnest student ample returns of interest and profit. The application of the microscope to practical medicine has been fully recognized by a few men, and treatises in English, German and French are to be found which treat more or less completely of the subject; but its use, as specially applied to Gynæcology, has not, as yet, been sufficiently set forth, although Gynæcology itself is rapidly becoming, if it has not already become, a science.

fore, it is my intention, in this paper, to present some suggestions pointing in the direction in which, I am of opinion, this means of physical research might be applied to investigations in this branch of medicine. more and more, the profession are coming to recognize and depend upon physical methods as applied to diagnosis. Instrumental observation and registration are so sure and reliable, so exact and ready, that the errors arising from the personal equation are almost, if not entirely, in many cases re-The Stethoscope occupies a well-deserved position in the practitioner's tool-chest; the Thermometer is now loudly asserting its rights to recognition as an indispensable adjunct at the bed-side, and the Test-tube and Hydrometer have long since found a home on the office-table. then, should not the more delicate, exact, and therefore valuable Microscope be more often appealed to for assistance in unravelling knotty points in pathology? It has been more for the purpose of claiming the right of the microscope to be called upon to do its part in scientific diagnosis, than to show what it has already done for medicine, that this paper has been written. Therefore it will necessarily be to a very great extent of a sketchy character, and, as I have just said, suggestive even if it does not convey any very valuable information to the readers.

Although the list of Gynæcologists is a long one, and many eminent names adorn it, yet those who have employed the microscope to assist them in their investigations are very few. Thus we find the names of Donné, Tyler, Smith, Köllicker and Scanzoni, Sims, Eichwald, Drysdale, Waldeyer and Martin as among the most prominent who have written much on the subject; whilst a few others have contributed scattered papers to the journals on matters relating to it. I shall make no attempt herein to review all that has been done by the investigators just enumerated, but shall merely allude to some of their discoveries, whilst I point out the direction in which I consider that future studies should be pushed. At the same time, I shall briefly describe a few observations of my own, illustrating them by means of drawings from nature made by means of the microscope. These are but samples of many, which I have made from time to time, and the results have been so promising that it is my intention to follow them up, as time and opportunity offers; at the same time, I would ask those who have the opportunity of so doing to follow out the hints I shall give, and see if the microscope, truthfully and conscientiously employed, will not yield fruit as profitable as that bestowed by the other instruments of physical research used by the practitioner of medicine.

At the outset, and before going any farther, I wish it to be distinctly under-

stood that I merely claim for the microscope the position of an assistant—a valuable and trustworthy assistant in diagnosis. That it is always reliable, I claim, as reliable in its place as the thermometer in its position; no more so. The careless observer, using the thermometer, may make absurd diagnoses; the unlearned owner of a microscope may easily do more. It is true that many accomplished diagnosticians do not depend upon any instruments of physical research to aid them in making their examinations. With them the practiced ear does not require the stethoscope; the sensitive finger can almost dispense with the thermometer; but no human eye, however practiced or sensitive, can unaided see what the microscope reveals. There are those who think that the microscope is not reliable, and point to the confused history of cancer-cells in justification of their doubts. But it must be remembered that in such cases it is not the instrument, but the observer that we are trusting, and it will be well, also, not to forget that the instrument does not see, but the eye which is behind it; that the instrument cannot misinterpret, but the uninformed user of it may do so. Therefore, if at any time erroneous deductions have been drawn from observations made by means of the microscope, the instrument should not be held responsible therefor, but they should rather be set down to the credit of the careless or unpracticed observer who employs it. Microscopists are plentiful, but students are rare; and to use the microscope intelligently requires that its possessor should be both an earnest and patient student,

To illustrate what I have to say, I shall, as I have already remarked, in the first place detail a few original observations which I have made, and which, although they may at first sight not appear to point to very immediate practical results in either pathology or therapeutics, yet to the scientific student of medicine they will, I trust, prove of interest as throwing some light upon the etiology of certain conditions of a portion of the human mucous-membrane. My attention was first called to this subject some few years since, when I was making a series of experiments connected with the life history of certain minute forms of vegetables belonging to the group Fungi, and which experiments I had undertaken in the expectation that they would assist in unravelling a few knotty points bearing upon the socalled spontaneous generation theory. And although it would perhaps be thought that this same spontaneous generation theory can have very little to do with practical medicine, yet when it is applied to the beginning of pathological conditions affecting the human economy and the origin of disease, spontaneous or otherwise, be looked for, it at once becomes interesting and extremely important to the working practitioner. To this end I shall enumerate one or two cases in which I employed the microscope in the examination of discharges from the vaginal mucous-membrane of patients under treatment at that time; and, after pointing out what I found therein of interest, I shall briefly allude to the observations of others in this field. Thereafter, and in conclusion, I shall indicate the direction in which it appears to me that further observations of this character should be made.

The first case is that of a young married woman, afflicted apparently with no more serious disease than simple coryza. "A cold" having been caught, nothing was done for it, and seemingly it had passed off, without leaving any bad effects. This lady had always been remarkably healthy, and not subject to abnormal discharges of any kind from her genitals. When, therefore, she found that after the cold in the head had passed off, and the coryza of the catarrhal mucous-membrane had ceased, a discharge was occurring from the vagina, she became alarmed and applied for advice, fearing that something serious was the matter with her. I made a vaginal examination to see if there was any serious cause for alarm, and more for the purpose of allaying her anxiety, when I found that the leucorrhea was, as I had supposed, mostly vaginal, but to a certain extent uterine likewise. This uterine leucorrhosa, as is usually the case, passing over the congested mucous-membrane of the lip of the os externum, had produced one or two slight so-called "ulcerations." For be it remembered that this uterine leucorrheal discharge, more especially when it is for the most cervical, is with certain constitutions of a particularly icchorous character; so much so that when coming in contact with a membrane of the nature of that covering the lips of the uterus, it will abrade and remove the epithelium to a very great extent, and produce the condition known to the older practitioners as "ulceration." In persons of this type, a discharge from the nasal mucous membrane will in like manner produce similar abrasions of the cuticle, below the nostrils and covering the upper lip. To treat the ulcerations upon the uterine mouth alone, would be unscientific, and as unsatisfactory as to treat the solution of continuity found upon the face; and to cure either condition we must go to the root of the evil, and finding that, treat it.

It is not my intention, at the present time, to say anything in connection with the treatment of conditions, such as I found in this patient, as it is only my desire to detail what a microscopic observation revealed in the discharge itself. When examined by means of a sufficiently high power, it was found to present the appearance I have depicted in the first of the plates accompanying this paper. And here let me say how much I regret that I have been unable, as yet, to preserve specimens of vaginal discharges,

so as to be able to exhibit them at any length of time after they have been obtained. I do not, however, despair of succeeding in so doing, and am at present engaged in experimenting on this subject. In the drawing I have represented the squamous vaginal epithelial scales with their nuclei and nucleoli. I adopt these terms nucleus and nucleolus provisionally, as making the matter understandable to those who are not informed with regard to the later revelations of microscopic histology, as bearing upon the cell theory of the older observers, whilst at the same time I recognize the fact that our knowledge on this point is, at the present time, most markedly in a transition state, so much so that it becomes extremely difficult for a writer to express himself at the same time clearly and truthfully, without going into what would prove tedious details. In the plate will be seen certain fine filaments. These are of a mycelial character, resembling very closely what C. Robin has figured in his Histoire Naturelle des Végétaux Parasites (Planche I., Fig. 1 et 2) as Leptothrix buccalis. In fact, leaving out what he calls "globules purulents (globules muqueux)" and the curious organism to be presently described; my second plate which shows this organism more plainly and represents a specimen obtained at a later period from the same patient, and his fig. 1, are almost identical in appearance. This specimen was taken from the surface of the tongue and contains the squamous epithelium found there, and which is the same in all particulars as that occurring in the vagina along with the Leptothrix filaments and granular matter. As it may, at first sight, appear strange that we should find the same organism, namely, the Leptothrix in the mouth and in the vagina, it may be of interest to say something on this point at the present time. Al. Donné, in his Cours de Microscopie, 1844, when describing vaginal mucus, says thai under certain circumstances this secretion becomes so modified as to have disseminated amongst its epithelial scales, or "epidermic vesicles," as he calls them, numerous delicate filaments whose origin or meaning he is at loss to account for. The figure he gives in his Atlas of these organisms, is extremely crude, and by no means to be compared to that of Robin, just mentioned. In 1843, Kutzing founded the genus Leptothrix with a large number of species; one of which, namely, L. buccalis, was founded by Ch. Robin in his Histoire Naturelle des Végétaux Parasites, 1853, page 345. He mentions it as being found upon the surface of the tongue, in the matter which accumulates between the teeth, or in the cavities of decayed teeth, from whence it passes into the liquids of the stomach and intestines, and makes its appearance in the dejections of diarrhea. This plant was seen long before Robin's time. but he was the first one to make a scientific study of it and name it.

nowhere mentions having found it in the mucous of the genital organs; but the form mentioned and figured by Donné is, without doubt, the same plant which I have found in that locality. Robin says that along with the filaments of *Leptothrix*, he always found *Vibrions* belonging to various species. This point it is important to bear in mind, as I intend to show presently the relation existing between the filaments and the *Vibrions*.

The most remarkable constituent of this particular specimen of lucorrhœal discharge was an organism which was in this particular specimen rather I at once perceived that it was a member of the heterogenous group termed "Infusoria," and which contains both animals and plants, as well as things which are neither one nor the other. It is, in fact, the Trico-monas vaginale of Donné, which he first described and figured in 1837, in his "Recherches Microscopiques sur la nature des Mucus et la matiére des divers écoulemens des organes genito-urinaires." Since this time the orthography of the name of this creature has been remodelled so that we now know it as Trichomonas Vaginalis. The individuals I saw in this specimen were extremely lively in their motions, so much so that my attention was immediately attracted by them, and I was at once able to identify them as the organisms first seen by Donné, although I had never seen them before. Of course, I was naturally anxious to learn what their presence indicated. Donné, when he first saw them, did not believe them to be indicative of any pathological condition of the parts whereupon they were found, although later writers have fallen into the error of supposing that he considered them to be present only during disease. This mistake has, doubtless, arisen from Küchenmeister having stated in his Manual of Animal and Vegetable Parasites, (Eng. Ed., 1857, Vol. I., page 7,) that it "only occurs in women with gonorrheal discharge, or with anabundant vaginal secretion mixed with mucous and pus-corpuscles; never in a normal and healthy secretion, but only in pathological secretions." Beale, who is singularly careless in his quotations, says (Kidney Diseases, 3d Ed., 1869, page 326), "it was found in the urine of females suffering from leucorrhœa," and he goes on to say that "they are probably ordinary monads, or pus-corpuscles with a projecting filament. I have met with both, but have never seen anything exactly resembling the figures of the so-called Trichomonas vagine." (It will be noticed that Donné does not call them "Vagina," but "Vaginale." Now what Donné really does say (Cours de Microscopie, 1844, page 157) is that he found this creature "in the vaginal mucous of certain women, affected with a discharge sometimes of a suspicious character, sometimes resulting from want of cleanliness of the genitals." The fact would

seem to be that the *Trichomonas vaginalis* is the result of the retention of an abundant mucous discharge within the vaginal canal; for I shall show, farther on, that they may, at least, multiply outside the human body. As to how they originate in the vaginal mucous, either by "spontaneous generation" or otherwise, I leave for future investigation to decide.

As I have quoted Donné, an author whose investigations are, I think, insufficiently known or appreciated, it may be of interest to say that his inaugural thesis was on "Physiological and Chemico-Microscopical Researches on the Blood Globules, Pus, Mucus, and the Humors of the Eye," and that in it he makes the following remark: "The globules which are found in mucus or rather in saliva, have the same aspect as the last mentioned (pus globules), and I consider that they have the same origin." This was in 1831, and it is of interest, when considered in connection with the later observations of Waller, Conheim and others, which go to prove the identity of the leucocytes and pus and mucus corpuscles.

Two days after I had examined the specimen of vaginal mucus I have just been describing, I was enabled to procure another of a similar character from the same patient, who continued to have some leucorrhea; and at that time, not knowing the import of either of the microscopic forms which I had detected, I had determined to keep her under observation. At this time, I found the Trichomonas and Leptothrix rarer than at first. Four days thereafter another specimen was taken and examined. In this no Trickemonas was seen, but the Leptothric was in patches attached by one end of the filament to the epithelial plates. At the point of attachment was a mass of granular matter. Robin has well figured this mode of growth, in his Atlas, Planche I., fig. 1, of Leptothrix buccalis from the mouth. Separate filaments of this plant are shown in the drawing, as are filaments taking on the form and possessed of the movements of Vibriones. There are separate segments of the same, identical with what have been called Bacteria, both in form and movements. Monads were seen in active motion, and there was a form made up of three joints, one of which was bent, and showing one of the stages of transition, as was afterwards proved, from the Vibrions to the Leptothrix. The rest of the field of vision was filled up with minutely granular matter, as was the case with the first specimen.

From the observations which I had been engaged upon for some time connected with the development of certain fungi, and which I have alread alluded to, I was induced to seal some of this discharge up in what a known to microscopists as a "cell," where it was entirely excluded from the

air, and wherein it could be examined from time to time, or even watched under the microscope for hours at a time, and any changes which might take place in it be studied. It was thus watched carefully and observed frequently during the next three days. At the end of that period a marked change had occurred. The Bacteria forms and Monads had increased in numbers, whilst the filaments of Leptothria had dropped off from the epithelial scales, showing that these shorter forms were derived from the longer ones. Chains made up of two and three Monads were also to be seen. Such chains, in which the bead-like portions number two to five, have had bestowed upon them the name of Bacterium tribculare, and where they are still more numerous and are arranged in the form of an open spiral they have been called Spirillum.

It was whilst watching this and other similar specimens, during severa, consecutive hours and days, that I saw certain changes actually take place which it will be well here to describe. The granular matter, which was always present in greater or less quantity, was at first immovable, and under a power of one thousand diameters did not appear to have any definite form, although, doubtless, if a still higher power had been used in its study it would have been seen to be globular. Soon its individual particles enlarged considerably, and taking upon themselves the spherical form, became true Monads with rapid trembling movements. These then attached themselves one to the other, until the chains constituting Bacterium trilocalare were formed. Gradually the little bead-like portions melted one into the other and rod-like Bacteria appeared. Now the Bacteria elongated into longer rods, which, in turn, would adhere end to end until chains of two or more rods were seen. At the point of union of these rods a certain amount of mobility often existed, and such zig-zag forms sailed about in a lively manner. These have been called Vibriones. But, at times, the contents of the long rods would grow out lengthwise, and Leptothrix filaments would be the result. It would seem that the granular matter adhering to epithelium might thus develop into groups of filaments like those I have depicted in the plate. But these filaments themselves undergo a change, either when attached and long, or free and short. Then their contents are transformed to such an extent that they refract light very strongly and appear almost opaque. Soon they enlarge in every direction, and growing rapidly, develop into a true fungoid mycelium. From this mycelium true sporangia-i. e., seed-vessels—grew up into the air above the fluid. These I have drawn. One is a Mucor, whilst the other I cannot find described or figured anywhere. And to show its novelty, I may say that I sent a drawing of it to

Mr. M. C. Cooke, of London, the celebrated authority on fungi, and in reply he wrote me that he could not guess what my plant might be, and said, "are you sure that it is not an alga? It seems to me more of an algoid than a fungoid fruit." The Mucors, I may say for the information of those who are not up in fungi, are the moulds so common on animal and vegetable substances everywhere, and although numerous species and even genera have been described, there is good reason to believe that they are transmutable one into the other. Thus, Dr. Tilbury Fox has shown that many of the fungi peculiar to different skin diseases are thus transmutable; and he considers Leptothrix allied to Torula (yeast fungus), which he places in his diagram of the relations of these minute forms of life, as the centre around which are grouped Aspergillus, Penicillium, Puccinia, a fungus parasite found in the vagina by Dr. Bennett, and others. The mass of fungoid mycelium I speak of constituted a tough membrane closely resembling that developed on mucous and other surfaces in Diphtheria; in fact, there is good reason to believe that in this case there was developed exteriorly to the living body a true diphtheritic membrane. The reasons for this belief will be pointed out hereafter.

It may be as well to state here that Cohn has lately been investigating these minute forms of existence, and has cleared up the synonomy to such an extent, that we may hereafter be somewhat more clear as to what writers mean when they are speaking of them. Thus, the single spherical forms I have called *Monads*, he prefers to call *Micrococus*; the straight rod-like form he calls *Bacterium*; when it is jointed, *Bacillus*; when it is motile, *Vibrio*; and when it is corkscrew in form, *Spirillum*.

The second case to be mentioned in which the vaginal discharge was examined by means of the microscope, is that of a lady, forty years of age, and unmarried. This patient had been under treatment for some time, and came to me from another physician with the following history: For six or eight years she had had prolapsus in the first degree, accompanying, if not resulting from chronic endometritus, as well as ante-version, which, at times, was very marked. When I first saw her the uterus could be readily replaced, but as she was unable to wear a support of any kind, after a while it seemed to have formed adhesions, fixing it low in the pelvis, so that I could not, at the time I am speaking of, readily move it. At times she had considerable leucorrhea accompanied by severe bearing-down pains and frequent and painful micturition. The urethra was slightly inflamed, and this condition continued until it was treated with a mixture of carbolic acid and glycerine, in the proportions of one to twenty, introduced on cotton

wool wrapped around a probe. The anterior wall of the vagina was very sensitive, referable to the urethral trouble. The cervix was difficult to engage for some time, until the uterus had been somewhat replaced, she came under my care I found the endometritis existing in a very slight degree, but still there was sufficient to account for the leucorrhea, which often produced redness and a stinging sensation of the external parts. The results of the examination, by means of the microscope, of the discharge from this patient, showed the presence, besides the vaginal epithelium, of nothing but innumerable Monads in extremely active motion. I fully expected, from my previous experience, that these Monads would develop into Leptothrix, or even still more complex vegetable forms. Therefore, five days after the first examination, another specimen was obtained and examined. Therein I found several specimens of Trichomonas, and, in fact, in the vaginal discharge, which was abundant at this time, they were plentiful. In the drawing, I have depicted a group of three individuals, as well as a single one with one of its extremities attached to an epithelial plate in the form of a stalk. There is also one with this stalk-like appendage drawn out into a fine filament. This individual was watched for a long time, and was seen to first fix itself to the epithelial plate, and, thereafter, move its body somewhat away, leaving a portion of its substance attached to the scale, constituting a stalk. Gradually this stalk became thinner and thinner as the creature moved farther away. Then it detached itself from the epithelial plate with a jerk and swam away, with a long stalk trailing after it like a tail. This was soon absorbed into the general substance and the individual presented the same character as its neighbors. I have also shown what has never been hitherto described—that is to say, a Trichomonas subdividing longitudinally into two new individuals; and this act I observed taking place on several occasions. I call this subdivision, although I am somewhat in doubt if it were that process or true copulation; but as no one has seen generative organs in Trichomonas, the matter must remain somewhat uncertain. It is true that since Balbiani's observation of copulation in hermaphrodite Kolpoda, the existence of fissiparous subdivision in these creatures is considered by many as doubtful. It would be hardly worth while for me to detail here all I have seen connected with the life-history of these creatures; but one fact had better be placed upon record. I have proved, to my own satisfaction at least, that it has no investing membrane, but consists merely of a mass of sarcode, differentiated at the point where something like a nucleus is seen, and where the cilliæ and terminal filament are found; but its structure is in every respect so extremely delicate, that

its study even with the high power that I used, which magnified it one thousand diameters, or one million times, and which was a fine one-tenth immersion lens, made by R. & J. Beck, of London, did not reveal any more than I have detailed. On several occasions the vaginal discharge from this patient was examined, and the same organism was always found in it, sometimes being present in enormous quantities, so that fifteen or twenty would be within the field of view of the microscope at one time. At no time was On one occasion, when the discharge from this pa-Leptothrix to be seen. tient was examined, it was found to be very markedly changed in character. The epithelmium was smaller than that found previously, and rounder in outline. Hence, I judged that it could hardly be vaginal, or if it were, that it came from deeper layers. And this would seem to be confirmed by the presence of numerous pus corpuscles. Along with these elements were many large animals like Trichomonas, except that they were about three times as large as that creature and of almost spherical outline. They possessed cilliæ, which they kept in active motion, and terminal filaments exactly like the ordinary form of Trichomonas, but they did not change their position in the liquid.

This was the only time I ever saw these creatures. In another case of prolapsus Leptothrix filaments were found on more than one occasion, and they were observed in other cases; so that we must believe that as Leptothrix buccalis is certainly a normal inhabitant of the mouth, so the same form of vegetation is of common occurrence in the vagina. In fact, I found Leptothrix in the vaginal mucus of all women where that fluid was normal in quantity, and where no severe uterine disease existed or no washes had been used. It would seem, then, that Leptothrix is a normal inhabitant of vaginal mucus, and that when the mucus is secreted in extra quantity, and therefore accumulates in that canal, Trichomonas is apt to be developed. I cannot, as yet, persuade myself that the presence of this organism indicates any uterine or ovarian disease.

We come now to consider whether these facts, which I have detailed, possess anything more than a scientific interest; that is to say, whether they may, in any way, be made useful as applicable to practical gynæology. It was in the year 1860, that the eminent Professor of Medical Midwifery in the University of Berlin, first put forth the theory that that pathological condition which has commonly gone by the name of puerperal fever depends upon a diphtheritic process set up in the female genital organs, and which, in cases which prove fatal, spreads therefrom to more vital parts. Unfortunately, the views held by the different members of the medical profession

with regard to this condition, are extremely various, but this has most likely, in a considerable degree, arisen from the different amounts of thoroughness in diagnosis brought to bear upon the subject. At all events, the application of a new means of research, namely, the microscope, in the hands of Professor Martin, has brought forth facts of extreme value and interest, and the important bearings of which can hardly be over-estimated. In a late lecture on this subject, he points out that "febrile conditions may be met with in lying-in women as well as in pregnant women, whether as a consequence of inflammation in almost any organ, (but which has no connection with the puerperal condition, or in connection with various contagious diseases, as scarlatina, variola, &c. There may even be febrile affections consequent upon inflammatory action in the genitals of lying-in women, but which are not essentially different from puerperal fever in the alarming sense of the word. Entirely unconnected with this, lying-in women may have very severe fever from inflammation of the breasts or nipples, after contusion or laceration of the uterus or vagina, as well as consequent on abscesses or ulceration which may ensue from effusion of blood into the connective tissue. Such fever, neither in its course, symptoms or issue, resembles the puerperal fever as limited and distinguished by Prof. Martin. In fact, if fever can arise during the period of confinement, from these causes and from others, as is of course the case, we can readily understand, as Prof. Byford remarks, "the term puerperal fever has been applied by different authors and practitioners to almost every form of fever and inflammation incident to the puerperal condition." Prof. Martin shows that there is a distinct condition occurring in the lying-in women, which is characterized by the diphtheritic process, which he regards as essential to it. He then says, "what are we to understand by the diphtheritic process?" You are aware that recent investigations have thrown most important light on the nature of diphtheria affecting other organs, especially the pharynx, where it has been shown to consist of a fungus formation, the spores of which are seen under the microscope to penetrate not only into the tissues, but within the blood-vessels-producing in this way a generalized disease. In diphtheria of the genital organs investigations have as yet not been extended thus far, and it remains a question calling for further examination. Admitting, however, that the diphtheria is here due to a fungus formation, other questions arise. Is the fungus in question specifically different? Since we are familiar with various fungi which germinate in the vagina of both pregnant and non-pregnant women without giving rise to any dangerous affection—is the fungus the mere carrier of the contagion? or is the puerperal fever produced in consequence of the special

condition of lying-in women favoring the production of certain fungi, by reason of changes taking place in the organic substances and fluids?" What he calls "the microscopico-anatomical basis of puerperal fever" is found as a diphtheritic deposit covering those wounded spots on the external genitals, as well as the walls of the vagina, which, in the form of larger or smaller lacerations of the mucus membrane, so frequently occur during labor. This lesion is then a true traumatic diphtheria. "The circumference of these spots is more or less considerably swollen. In many cases the diphtheritic deposit is thus confined to the external genitals, and the disease pursues its course by casting off the deposit without any or with very little general disturbance. But in the majority of cases coming under medical recognition, the diphtheritis is not confined to the entrance of the vagina, but is found deep within the canal, covering the large or small lacerations of the os uteri, and within the cavity of the uterus itself. There it occupies both the site of the placenta and the upper parieties of the organ; and it is sometimes formed exclusively here, and in no places accessible to the eye." Without going further into the consideration of this condition it may be remarked, that the diphtheritic deposit, growing and increasing as fungi usually grow and increase, by means of its mycelium as well as by distribution of its spores, as a general rule is found to extend rapidly from the genital organs to the skin of the thigh, nates, &c. "These, then, exhibit an erythema (which has been well named puerperal scarlatina) or pass into ulceration." More frequently it spreads to and into the urethra and rectum, and still more commonly by means of the connective tissue and fallopian tubes, upwards and onwards to the peritoneum, or even to the great glandular organs of the abdomen, the kidneys, liver and spleen. Finally the lower lobes of the lungs may be implicated, and pleuritic adhesions be associated with those lesions found in the peritoneum. In conclusion, Prof. Martin recommends a symptomatic treatment along with the use of such substances as have been considered anti-zymotic, as creosote water, carbolic acid, chlorine, and nitrate of silver. The alkaline bromides he does not speak of, but their internal and local application in pharyngeal diphtheritis has been found to be so useful, that it would seem that in the puerperal form of the affection they would certainly prove of use. Sulphurous acid in the form of hot spray, I have found to answer so nicely in diphtheritic affections of external parts, that I think it worthy of trial in the puerperal diphtheritis. The alkaline permanganates might likewise be tried; but of all remedies that seem to promise the best results in affections of this character, Salicylic acid evidently stands preëminent, and I shall presently, in another paper, detail the results of the trials to which others, as well as myself, have put it.

In connection with this subject of the occurrence of a diphtheritic membrane, consisting of the mycelium of a fungus upon the mucus membrane of the female genital organs, it will be of importance to note that Dr. Tyler Smith, in his treatise on Leucorrhea, calls attention to the resemblance of the mucus membrane in these situations to the cutaneous structures. He says that this is more markedly the case with this than with the mucus membrane of more internal parts. "This is particularly the case," he says, "with respect to the dense epithelial layer of the vagina and os uteri; and and the villi of the os uteri are perhaps more nearly allied to the papillæ of the skin than to the villi of the intestinal mucus membrane," and "these analogies are strongly confirmed by what is observed of the pathological lesions to which these parts are liable, and by the effects of therapeutical applications. Several of the common skin affections are closely imitated on the vaginal surface and the vaginal portion of the cervix uteri, and give way to treatment adapted for genuine skin disease." From this we can readily comprehend that, notwithstanding the dissimilarity existing between the mucus membrane of the vagina and the more internal parts, and, of course, of the serous membranes, that yet a mycosis which spread from the skin to the vagina would be liable to travel still farther and involve deeper tissues. Prof. Waldeyer, of Breslau, has examined the diphtheritic deposit found upon the mucous membrane of the uterus as well as the puriform mass from the lymphatics of that organ, and the broad ligament, and the peritoneal exudation, which is partially fluid and partially fluid and partially made up of whitish-yellow prominent fibrinous flakes, and in all of them the microscope has shown him Bacteria. Haussmann had formerly found these organisms along with Vibriones in the lochial discharge. Waldeyer tells us that in the diphtheritic exudation the Bacteria lie between the puscells and those of the partly decomposed tissue elements. The puriform contents of the lymphatics consist, besides the pus-cells, for the most part of Bacteriæ, and they are also found in the peritoneal exudations and flakes, mixed with pus-cells, young-cells, and masses of fibrin, and even in the interior of the pus-cells. In the main they were the globular Bacteria of Cohn, or what we would be disposed to call Monads. though in part they were the rod-like micro-bacteria. Orth, also, considers fungi to be the essence of puerperal fever. In the January (1875) number of the American Journal of the Medical Sciences, Dr. John S. Parry, of the Philadelphia Hospital, has published a paper on a form of Puerperal Fever, charcterized by diptheritic deposits on wounds of the genital passages, and by other peculiar phenomena, wherein he points out that "various affections

have been described under the general term puerperal fever." He considers that these various affections may be classified under three heads, as follows: Local inflammatory diseases, including Perimetritis, Parametritis and general Peritonitis; Septic diseases, including Pyæmia and Septicæmia, Diphtheria of wounds and Erysipelas of the genitals and internal organs in puerperal women, and idiopathic fevers in the puerperal female. All of which shows how hasty we have been in considering almost every febrile condition of a grave character, when occurring in the puerperal female, to belong to a distinct and distinguishable disease. The natural consequence has been that a mixture of many, if not all of the symptoms of these various forms of disease which have been mentioned, have been from time to time thrown together and called puerperal fever. It is not for me at the present time and in a paper of the character of this one, to consider the pros and cons of the question, as to whether there be a distinct disease entitled to the name puerperal fever; I have already said that Prof. Martin thinks that there is; but it would appear to me from my knowledge of the manner in which diphtheritic deposits, consisting of Bacteria and their resultant fungoid mycelium fibres make their appearance, that there must be a peculiar condition of the membrane upon which they appear, produced by some distinct pathological metamorphosis, honestly entitled to consideration when classifying disease. Bacteria and fungus mycelium may be the result of Diphtheria, but as certainly they will develop all of the conditions and symptons which go to make up the disease we call diphtheria. And if we do find diphtheritic membrane accompanying febrile conditions in puerperal women, the state which produces that Diphtheria must be present. As to whether Diphtheria, as commonly recognized, be a disease in itself, or only a condition resulting from a disease, is another question well worth considering, but not at the present time, as is likewise that question which has not sufficiently occupied the minds of scientific physicans—namely, are diseases, so-called, specifically distinct in the acceptance of the term as employed in modern scientific language? At some future day I may return to a consideration of this point.

To the practitioner who has not made himself acquainted with the laws governing the growth and reproduction of the more minute forms of existence, it is difficult to understand how it comes about that a disease like Diphtheria spreads with such rapidity as to involve large surfaces of mucous membrane, and endanger life in a few hours; but his wonder at perceiving such things to actually take place ceases when he is told that botanists have determined that some of the obscure fungi, and those forms which probably belong to the very groups whose mycelium constitutes the diphtheritic mem-

brane, multiply with the marvelous rapidity of ninety-six million in a single minute. In this connection, it will be well to note that Dr. L. Mayer, in 1862, published a memoir in which he considered the subject of vegetable parasites in relation to uterine and vaginal diseases; but his observations, as well as those of Prof. Martin, just referred to, do not seem to have attracted the attention they deserved, in this country, at least, or, at all events, their observations have not been availed of and applied by the profession at large. In short, perhaps we have no more striking illustration of the fact that it requires often many years before the results arrived at by scientific diagnosticians and pathologists, working with all the modern appliances of instruments for investigation are assimilated and made use of by the everyday working practitioner. In the paper in question, Dr. Mayer describes a species of fungus which he found spreading over the inner surface of the labia, the nymphæ, clitoris, along the vagina to the uppermost portion of the cervix uteri, in cases under his charge. He says that he never found this growth to extend beyond these limits, but as his observations were drawn from only six cases, and when the difficulty of exploring the uterine cavity is taken into consideration, we may believe that it might be found elsewhere, as in the cases mentioned by Prof. Martin, and the one presently to be described in England. In the six cases alluded to, there was usually observed spots in size varying from that of a pin's head to smaller, of a bright yellowish color, of a roundish or irregular outline, and generally loosely attached to the mucous membrane. More rarely, true diphtheritic-like membranes are formed, which, on removal, leave shallow ulcers. The basis on which these fungi grow is always hyperæmic, as we would expect to be the case, and an increased secretion is found to occur. This secretion is mucous, opalescent, and of a milky or creamy character, but sometimes of a still greater consistency, not unlike potato-paste. The six individuals thus affected with vaginal mycosis, were of various ages and of different conditions of health. Five of them suffered from diseases of the sexual organs, whilst the remaining one was pregnant at the time of the examination. In the first five there existed a more or less severe inflammatory condition of the mucous membrane of the genital organs, and all complained as soon as the mycosis was well established, of intense burning, itching and pricking in the vulva and vagina, which occurred paroxysmally, and destroyed rest and sleep. The pregnant woman, however, did not suffer from inflammation or the peculiar burning and itching of which the others complained. Frequent injections of water were used, by which the fungoid patches being removed, all the troublesome symptoms disappeared. There is one point of great interest and importance

connected with one of these cases, which Dr. Mayer unfortunately has failed to record, and that is whether the pregnant woman, during her subsequent confinement, suffered any return of the malady for which he had treated her. Neither are we told whether or not there were any abrasions of the mucous membrane in any of the cases; but it is not likely that there was, or we would have heard, if any of the cases were followed up, of more alarming symptoms like those to which Prof. Martin has called our attention.

In the London Lancet, for 1849, we have a paper entitled "Some remarks upon the development of Epiphytes, with the description of a new vegetable formation found in connection with the human uterus, by Dr. J. Stuart Wilkinson." Therein is described a case of a woman, who was suffering from a troublesome pruritis accompanied by considerable tumidity of the Small sores were seen, caused, as she thought, by the friction employed to relieve the distressing sensations. Her attention was attracted to vaginal discharge of a yellow color and fætid odor, which gradually increased in quantity. This discharge presented to the eye a very unusual appearance, such as might be produced by mixing up a large quantity of hairs of extreme tenuity and softness with purulent matter. Under the microscope this was found to consist of filaments of well-defined vegetable structure along with corpuscles, oval and spherical in form, some with and others apparently without nuclei, and granules and molecules. Robin mentions (page 366) and figures (Pl. V., fig. 1, a, b, c, d, e, f, g, h,) a vegetable from the human uterus, the drawings and particulars of occurrence of which were sent to him by Lebert, and which he considers an alga belonging to the genus Leptomitus. The figures he gives, however, would seem to prove it to be a fungus, or, at least, the mycelium of such a plant. from the mucous membrane of the cervix of a women in the Lourcine hospital, and Lebert thought it probable that the spores of the plant may have been introduced in vaginal injections which had been used. I have found still one more example of a vegetable within the human female genital organs recorded by Küchenmeister, in his Manual of Animal and Vegetable Parisites (Sydenham Society Edition, 1857. Vol. II., page 235). This case is as follows: "A case of diphtheritic inflammation of the intestines was observed at the Lying-in Hospital, at Dresden, in Professor Dr. Genser. A similar process occurred afterwards in the vagina, forming a membranous layer on the mucous membrane of the vagina, which was thrown off in single pieces. A slight improvement was noticed. Prosecutor Dr. F. A. Zenker recognized in these masses scanty pavement-epithelium, and entangled fungous filaments and spores, which were entirely surrounded by mucus cor-

puscles. Dr. Zenker was kind enough to send me some of these broken pieces, and I obtained, on addition of strong vinegar, the partly articulated filaments of which I have given an illustration in Tab. V., fig. 8. In order better to recognize the shape and articulations of the very diaphanous filaments, I added Syrupus Rubi Idei, which answered its purpose, and which I would recommend for the purpose of examining vegetable parasites by means of ascetic acid. I use, however, a red ink when I employ potassa, since the Syrupus Rubi Idai would change its color in alkalies. The above parasites remind us of those which Hannover found on the ulcerated mucus membrane of the esophagus, and in cases of typhus. They very much resemble Leptomitus Hannoveri (Tab. I., fig. 8), and ought accordingly be classified with the algæ of Robin. This parasite resembles slightly the fungus given in Tab. V., fig. 2, which Bennett found in the lungs. It appears to me, however, that we have to deal with a Leptomitus." Küchenmeister tells us in his appendix, that Kölliker and Scanzoni also found spare, thin, and short ferment-fungi in the secretions of the cervix uteri." (Vol. II., page 256). He does not refer us, however, to the original account of this discovery. He also says that "first Donné and after him Kölliker and Scanzoni found in vaginal mucous fine, stiff threads, 0.04-0.06" in length, exactly resembling Leptothrix buccalis, from which they are only distinguished in that they are always isolated, are not bound together by a fine granular material, and are never situated on epithelial cells. Although often very numerous, they are still not so abundant as Trichomonas vaginalis, and are never met with like these without the coëxisting presence of mucus-corpuscles." (Page 256.) I cannot find that Donné says anything on this subject, at least in any of his writings that I have seen or heard of, and we are not told where Kölliker and Scanzoni's paper is to be found. If such observations have been made and recorded, it is of interest, for they accord in the main with what I had observed long before I had seen Küchenmeister's remarks, and which I have described in this communication. It would seem, then, that fungoid growths are found within the human female genital organs, both in health and in disease, and it is not difficult to believe that the apparently innocent Leptothrix of the healthy mucous membrane may become the dangerous diphtheritic membrane of puerperal fever. To prove this true or false farther investigations are needed, and it is my intention, as opportunity offers, to make them.

In this connection, and as assisting us in arriving at a somewhat more complete acquaintance with the condition of our knowledge of the connection of fungi with disease, it will be well to briefly glance at the following

facts: "Fuchs mentions having found a fungus in Bronchitis maligna, in the sputa and bronchi," (Küchenmeister, Vol. II., page 257). This he considered to be identical with Leptomitus Hannoveri, which Hannover found on the tongue and pharynx in various diseases, as typhus (typhoid?) fever, pneumonia, pleuritis, phthisis, delirium tremens, apoplexy, diabetes and chronic gastritis (Muller Archiv., 1842, page 280: Valentin's Reportorium, 1843, page 84: Robin Hist. Nat. Veg. Par., page, 363.) These diseases are so different in character one from the other, that the fungus formed can hardly be believed to have any direct connection with any of them, and when we come to examine the figure of it given by Robin, we see that it is most likely an extension of growth of the form which goes by the name of Leptothrix buccalis, so common in the mouth and due to certain conditions of the mucus membrane in those parts incidental to the febrile state. For it will be seen that I have now a precisely similar form from Leptothrix buccalis in vaginal mucous, which was diluted with water, and kept from becoming dry by means of a cover, as I have described.

I might follow up this subject to a much greater length were I treating of the pathology of diseases in which so-called fungi make their appearance, and I might even continue this disquisition to its inevitable conclusion with regard to the abiogenetic origin of these minute forms, but I refrain, for this paper is merely meant as a sketch pointing the way in which those disposed and properly qualified must proceed if they are to solve the problem of what is disease and how is it to be arrested. Within the space of a composition of the character of the present this vast subject of the application of the microscope to the investigation of disease, cannot of course, have due justice done to it. Therefore I shall rest after recording one or two more facts of interest. Allusion must, at least, be made to the fact that this instrument has been called into requisition in the diagnosis of ovarian tumors. Thus Dr. Atlee in his treatise on the General and Differential Diagnosis of Ovarian Tumors, has a chapter contributed by Dr. Thomas M. Drysdale on this branch of the subject. This gentleman considers that in fluids drawn from ovarian cysts is to be found a peculiar structure of which he says "no matter what other cells may be present or absent, the cell which is almost invariably present in the fluids is the granular cell," (page 458.) So also Dr. Peaslee, in his treatise on Ovarian Tumors, when speaking of the application of the microscope to their diagnosis says, "a still more striking characteristic when met with of the ovarian cystomata is the ovarian glomerulus, or 'gorged granule,' spoken of by Mr. Nunn, though he does not attach much diagnostic importance to it, and which is recognized by Keberlé and

Dr.W. L. Atlee, and described as found in some of the ovarian cysts recently removed by the latter," (page 117.) He then goes on to describe and figure this glomerulus, but says that he has "not been able to detect them in the fluid of all cysts known to be ovarian," and he considers that "further observation is necessary in order to determine their precise diagnostic value." Eichwald has published in the Wurzburg Medicinische Zeitschrift for 1864, elaborate reports on the chemical composition and microscopic characters of the elements of ovarian cysts; and Spencer Wells, in his treatise on Diseases of the Ovaries, gives the results arrived at pretty fully. This investigator evidently does not think that the microsope detects anything markedly peculiar in this fluid, and points out that "chemical examination has proved these highly refracting granules which occur in all ovarian fluids to be fat globules or fatty granules." These refracting granules constitute the contents of the supposed "ovarian cell." Dr. H. F. Walker has contributed an article to the American Journal of Obstetrics, (Vol. III., 1870, page 120,) entitled "The Hypodermic Syringe a means of diagnosis in Ovarian Disease," wherein he says that he considers that "by the aid of the microscope, with never so small an amount of the fluid contents of the tumor, a diagnosis can be made in every case," and quotes a case in which, when a small portion of the fluid drawn by the means of the syringe from a tumor was examined "the microscope showed that it contained a multitude of the ovarian corpuscles." It would seem however that though we may find that the microscope will at some future time prove of value in the diagnosis of ovarian tumors, that those who have relied upon the "ovarian corpuscles," "globules," or "cells," as diagnostic, have been apparently led astray, for we are told by Dr. T. H. Green in his "Introduction to Pathology and Morbid Anatomy," that when fatty degeneration takes place and the albumenoid constituents of the tissues are transformed into fat, that the fat makes its appearance as minute granules and molecules within the cells, and, gradually increasing in number, at last fill the cell; "as they increase many of them coalesce, and so form distinct drops of fat; this, however, is not common, the fat usually remaining to the last in a granular form." These granules of fat may remain in a coherent form for some time after the cell wall and nucleus are destroyed; then these constitute the so-called "inflammatory," or "exudation corpuscles," or "corpuscles of Gluge," which are so common in chronic cerebral softening and in other forms of fatty degeneration." So the colostrum corpuscles are but such aggregations of minutely granular fatty matter, and "other examples are afforded by the formation of the sebaceous matter of the skin, the cerumen of the ear, and the corpus luteum

of the ovary." Under these circumstances it would seem that we must abandon the "corpuscles of Gluge," as diagnostic of cystic degeneration of the ovary, and find something more characteristic to rest our verdict upon, for they are the "ovarian corpuscles" so-called, or at least cannot be distinguished from them by chemical or microscopical means.

To make the microscope practically applicable, then to Gynæcology, or any other branch of medicine, a thorough knowledge of the optical principles involved in the construction of the instrument is necessary, that is to say, the observer must be a thorough microscopist, so that what is seen by means of it may be rightly interpreted; as well as an intimate acquaintance with the various tissues of the body in health and in disease, together with morbid growths and the results of acting upon them with various chemical reagents. To arrive at this amount of knowledge necessitates many hours labor and a vast deal of research, so that we can hardly expect that the practitioner of medicine will ever become an accomplished microscopist. But it is to be hoped that there will speedily spring up a sufficient number of skilled workers with the instrument, to whom the practitioner may go for assistance, and on whom he may with full confidence lean to aid him in making his diagnosis.

120 BELLEVILLE AVENUE, NEWARK, N. J., April 6, 1875.

GLOUCESTER COUNTY.

To Chairman of Standing Committee, &c. :

To each and every member of our Society, did I, as Reporter, mail a written request to severally forward to me some material or contributions for the annual report. Of the entire number, Dr. J. D. Heritage and Dr. Samuel Fisler alone paid any attention to the request; their contributions I forward you for publication. In regard to those other lazy lepers, we can only say "where are the nine?" My report therefore is gleaned from the conversation, etc., of our quarterly meetings.

Taking the entire year covered by this report, the

average of sickness has been slightly higher than several preceding years, and this has not been owing to the prevalence of any epidemic, for, excepting Scarlatina, remarkable rather for its fatality than for the number of its cases, there have been no epidemics. This disease, Scarlet Fever, has been very erratic and peculiar in its choice of localities. Thus both North and South of us it has prevailed to a very grave extent, while we have remained exempt. Indeed this characteristic is not to be confined to Scarlatina, for diseases of all kinds have been very unequally distributed.

Nowhere, however, was last summer reckoned among the very fatal seasons; and the fall and winter brought none other than their ordinary diseases. Towards spring, a number of cases of acute Rheumatism are to be reported; also an unusual number of cases of Puerperal Fever, (the real thing,) besides a number of deaths after confinement, which, not being Puerperal Fever, might be classed among the adventitia parturiendo. If any reader of this report has been so unfortunate as to lose such patients, he will be grateful to me for giving so long a name to a class of cases that end in so short a time. Brain affections still hold a prominent place, as they have done increasingly for the past decade. The mortality of the year has been high, including an unusual number of sudden deaths. Our Society has lost by death, Dr. Charles Garrison, one of its oldest members.

The only really interesting subject upon which to report, is an epidemic rash, presenting as it does some noticeable features. It struck us about the first of the year. It is not limited to any age, though children and young adults are chiefly affected. Nor does an antecedent history of either Measles or Scarlatina, recent or remote, in any way influence it. Occasionally there are slight premonitory symp-

toms; in children, loss of appetite, fever and fretfulness; in adults, loss of appetite, and headache. The peculiar feature, the rash, generally takes the following order; the hroat, the neck, bosom, face, inner side of arms and thighs, trunk and outer side of limbs. It is occasionally attended by a troublesome pruritus, but more frequently there is none.

The appearance of the rash or eruption—for strictly speaking it is both-differs from Measles as much as from Scarlatina, and yet it is as evidently allied to the one as to the other. In color, it is between the two; over parts of the body where the skin is thick, it remains under the skin, a rash, like that of Scarlatina; while where the skin is the thinnest it produces an elevated eruption which can be felt by the touch, as in Measles. It is not followed by desquamation. There are no uniform constitutional symptoms; occasionally there is a sore throat, erythematous, but lacking the peculiar appearance and subsequent ulceration of a scarlatinous throat; rarely coryza; some little gastric disturbance at times. But oftenest the general health is unimpaired during the visitation, the child continuing to play, and adults to work. The duration is very uncertain, from a few hours to several weeks, with a mean of about three days. The treatment is simply nil.

Such is the rash—the "Rose Rash" we of Gloucester call it; but this is not all, for something follows in its wake. Not the dropsy, or the otorrhea of scarlet fever, nor the pulmonary or opthalmic sequelæ of measles, but a condition which not less shows the blood origin of the affection. After the rash has disappeared, and a week or ten days have intervened, in many cases (chiefly in half-grown children) there occurs a feverishness, with loss of appetite, a peculiar nervous cough, unaccompanied by any physical signs of inflammation; there is restlessness, wakefulness, sundry

nervous symptoms; and, in some cases, a dry tongue, sordes, and a low typhoid condition, which is fortunately recovered from, as a rule. This train of symptoms seems to occur in inverse ratio to the severity of the original disease; and in some cases this peculiar condition will strike only those members (of the family, not of the body,) who apparently escaped the rash; and if the rash has appeared successively on several children, this, its sequela, will follow a like order and interval. Treatment—Iodid. of Potas., Tinct. Chlorid. of Iron, Quinine, and mild mercurials, beef tea, cream and eggs.

This closes about all I have to report on medical topics, as our meetings have been largely occupied in considering the position we ought to assume towards properly educated female physicians, and as to what shall constitute a proper education for a female "regular."

I omitted in the proper place to note the fact that fevers have not prevailed to the same extent as last year, neither typhoid nor remittent. Although there has been but little bona fide intermittent fever, still, during the spring and fall, you can scarcely go amiss in giving quinine in almost every case that has been on hand a week or over. Talk about Mercurius Omnipotents or "Hydrargyrum Godamighty" as the Infinitesimals have it, and its having been made to blow hot and cold, and its being a universal cure, all among our professional forbears! How about King Quinia to-day? It holds the place vacated by the assassination of Mercurius Rex. An epitome of ancient and modern practice is contained in the (slightly altered) French môt:

Le Mercure est mort : vive la Quinine!

C. GRANT GARRISON, Reporter.

Swedesboro, May 8, 1875.

EVACUATION OF THE PLEURAL CAVITY OF Pus.

BY SAMUEL F. FISLER, M. D.

About the middle of November, 1874, I was called to see Mrs. R., aged 48, the mother of 7 or 8 children; of spare habit, rather frail appearance, and whose general health, she informed me, had been good, having, however, been suffering some years from Bronchitis, not sufficiently severe to incapacitate her from performing the duties incident to a housekeeper in moderate circumstances.

At this time she was suffering from a pain which she located in the right side, and I thought proceeded from the lung of that side, and which, from from the general history and symptoms in the case, I attributed to the formation of an abscess, and so expressed myself to her at this time. I prescribed, and the case vacillated for six or eight weeks, sometimes there being an apparent alleviation of the symptoms, again they were aggravated. Then commenced an expectoration of pus, the cough previously not having been of a very troublesome nature. Soon after this expectoration commenced, the breathing became difficult, and the number of respirations increased very materially, and in a greater degree than would seem to be warranted by the amount of expectoration, or lung supposed to be involved from general symptoms, such as hectic fever and emaciation. From my experience in a previous case, I about this time began to suspect that there might be an effusion of pus into the pleural cavity, and so expressed myself to Dr. J. Down Heritage, of Glassboro, when relating to him the symptoms of the case.

About six weeks after this, she was attacked with a pain of the left side, evidently in the lung of that side. I had arranged for a consultation with Dr. J. Down Heritage, previously to the commencement of the unpleasant symptoms of the left lung, proposing to make a thorough exploration of the right side by auscultation and percussion, to ascertain the truth in verification or contradiction of my diagnosis, with reference to the collection of pus in the pleural cavity; but in consequence of an unavoidable delay in holding this consultation, the left lung had in the meantime become involved to such an extent that it was difficult to locate positively the sounds which should verify my theory. In fact, the Doctor was inclined to think, on his first visit, that there was solidification of the right lung, from some unexplained cause, rather than a collection of pus in the pleural cavity. Several meetings were held before he was converted to my view of the case; and I am not sure his conversion would have been accomplished had it not

been for the opportune formation of a small abscess in the right axilla, about the size of a hazelnut, having a fistulous opening, and which, when pressed upon, and that pressure carried outwardly from the body along the fistulous passage, discharged pus, which in appearance was similar to that expectorated, and which, the attendant assured us, was apparently inexhaustible, as though fed from some unseen fountain. It was then decided to open the pleural cavity, and at least explore for the collection. A valvular incision was accordingly made through the skin, covering the space between the 8th and 9th ribs, and a little in front of a line drawn from the centre of the axilla to the centre of the crest of the ileum, and inserting a needle of the aspirator through the intercostal space here indicated. The first operation was not a success, from the fact (as afterward ascertained) that too fine a needle was used to allow free evacuation of the pus, which was about the consistency of cream. In consequence of the unsuccessful nature of the primary operation, my colleague was inclined to doubt again the diagnosis, and the second operation was postponed for two weeks, during which we lost valuable time. I do not mention this conservative action of the Doctor to his disparagement, but rather praise, as those who are younger in the profession are often inclined like fools to "rush in where angels fear to tread." The second insertion of the largest sized needles of the aspirator was made nearly in the same locality, and upon the withdrawal of the trocar. there issued through the canula a quantity of pus which continued flowing for three or four hours; when in consequence of the uneasiness of the patient at the canula, it was withdrawn, hoping the passage made by the instrument was of sufficient calibre to allow a flow of the pus; this hope was not realized. The quantity of pus discharged (the attendent states) was quite a quart. The abstraction of this quantity of pus was followed by a marked alleviation of the unpleasant symptoms. The expectoration very much less; appetite improved; slept better, appearance very much better; and general condition favorable.

It was now decided to await unfavorable symptoms, nourish and stimulate until there should be a return of such symptoms, when there would be a repetition of the operation. This course was indicated in about fifteen days after the first, and was accomplished in the same manner as previously detailed, with like results; about a quart of pus similar to that obtained in the first instance being removed, followed by gratifying relief to the patient, and very marked diminution of the expectoration, though it began to be evident there was not to be a favorable termination to the case. The abscess of the left lung soon after this increased its action very materially, and the patient rapidly sank and died.

The conclusions arrived at by me in the treatment of this case were, that there was an opportunity in the early stages of the disease, when the diagnosis was first made of pus in the pleural cavity, for marked relief to the patient by successfully removing it. In arriving at this conclusion, I have been very materially assisted by a case which came under my notice and care two years ago; in which there was spontaneous effort on the part of nature to evacute the pus from an abscess of the lung by the formation of an external opening under the mammary gland, where the abscess distinctly pointed and was evacuated by a free incision with a bistoury; where all the symptoms were as aggravated as were those of the case above detailed of Mrs. R., at the same stage. In the case spontaneously pointing, there was an entire alleviation of the unpleasant symptoms, upon evacuation; expectoration, which had been profuse, ceasing at once, and there has been a speedy and happy recovery, in a case otherwise entirely hopeless, according to my experience.

From the observation of these cases, I am quite satisfied that the exploration of the pleural cavity, as well as any other, indicated by the physical signs as containing pus, would be no injury, when properly managed, to the most delicate organization; and would in many instances, I am persuaded, be a valuable diagnostic sign, and an opportunity would in many instances be offered for the permanent cure of a disease now considered beyond the skill of the profession; and my only object in reporting them is that courage may be given those having similar cases, to plunge boldly into, and attempt the evacaution of cavities—thoracic especially—when the diagnosis is made of pus being contained therein. The popular fear heretofore existing in the profession of causing collapse of the lung, by the introduction of air into the thoracic cavity by an artificial external opening, is, I am persuaded, a myth, basing my opinion upon the cases above enumerated; when upon making a free incision in the one case with a bistoury, and in the other with a large needle and canula of the aspirator, and allowing free exit of pus and free ingress of air, there were no unpleasant effects produced, but on the contrary, an alleviation of all those symptoms which lead us to fear the worst in such cases. In the bistoury case there was an entire relief, as I have already said, of the expectoration, the pus being evacuated entirely by the opening made and continuing to discharge for six weeks, with no collapse of the lung or other unpleasant symptom. I am persuaded that the collection of pus in the pleural cavity-and my observation has taught me that it is there oftener than we have heretofore suspected it-will bring about more grave symptoms, and greater injury from pressure on the lung, than could any external opening allowing an

entry of air into the pleural cavity or even into the structure of the lung tissue, as in neither of our cases was there any such effect produced; on the contrary, when the pressure was removed from the lung—in the case of Mrs. R.—by evacuation of the cavity, the lung again resumed its functions and the respiratory murmur was again heard, where before there had been an entire obliteration of it; and the grave symptoms in the case of spontaneous evacuation ceased, not to be re-established; the patient since that time—now two years ago—having enjoyed good health, with the prospect of soon becoming a mother. In the case of Mrs. R., there was a great reduction of the suffering and alleviation of all the symptoms; with a reasonable belief, that had the operation in this case been resorted to earlier, it would have resulted as satisfactory as the former.

The relief which was afforded in the latter case was of such a marked character that my friend, Dr. J. Down Heritage, was converted to my view that even as a means of relief only, the operation is warranted and is even demanded from a physician having the care of such a case, even though the chances of premanent improvement may be few.

HUDSON COUNTY.

To Chairman of Standing Committee, &c.:

It gives me great pleasure to be able to report that never during any two years of the previous history of our District Society, was there more interest taken in the Society, and in the objects for which it was established; never in the same period were there so many papers read, or so many discussions of scientific questions carried on, as during the last two years.

Three papers upon the use of alcohol in disease have been read before the Society during the past year, all of them treating the subject in a comprehensive and able manner, and giving evidence of very extensive statistical researches in reference to the medical employment of alcoholic stimulants. The third paper was a compilation or résumé of the opinions of many eminent men upon the

subject, and was intended to be practical and critical in the conclusions deducted; and this closed, for the time, a topic which had engaged our attentton, even before your query of last spring was brought to our notice.

Diphtheria, Small Pox, Measles, Scarlet Fever, and Pertussis have each prevailed epidemically in some parts of our county.

During the fall and winter, Diphtheria of a malignant type has been widespread in that part of the county known as "The Heights," and more than one instance has come to my knowedge, where all the little ones of a family have fallen victims to the disease. All stand in dread of this direful malady. The infant, the child, the youth or maiden just passing into manhood or womanhood, all have fallen under its withering breath. S. B. Vreeland, a young man full of promise, born in our county, and purposing to make his home among us, just ready to enter upon the duties of his (and our) profession, contemplating a service of a year in our hospital, full of hope, loved and respected by all who knew him, with his class at Bellevue on Saturday, lay cold in death on the Friday following-a victim of Diphtheria. Our medical men are not agreed as to the treatment of this disease, some attacking the local affection with caustic or astringent applications, others interdicting all interference with the exudation, and directing their treatment to the constitutional disturbance. Bi-sulphate of Quinine, Tincture of the Muriate of Iron, warm poultices to the throat, inhalations of steam, Chlorate of Potassa, generous nourishment by milk, (to which brandy is added by some practitioners,) will, I think, represent the therapeutic agents most generally adopted. And I cannot leave this subject without adding my testimony to the efficacy of inhalations of steam, persistently continued, as recommended by Ortel. The reasons which this author gives in support of his treatment are so plausible, and the treatment itself, in any case, is so harmless that, it seems to me, no case of Diphtheria should be managed without an early and thorough trial of the inhalation of the vapor of water; and I believe that this agent will prove as undoubtedly advantageous in these cases as in true croup, which, I trust, no physician would now think of treating without it.

Small-pox, as an epidemic, has been confined to Hoboken and to that part of Jersey City formerly called Hudson City; and for this limitation of the loathsome disease I think our county authorities are entitled to thanks. A special hospital was established at the county farm, and to this all cases were immediately removed; and as this locality is so situated as not to be within easy communication with the city, the Board of Health were masters of the situation, and what at one time threatened to become a wide-spread epidemic was soon cut short.

Scarlatina and Rubeola can hardly be said to have been epidemic in the sense which that term possesses for those who remember the ravages of former years.

Pertussis has been among us. And here allow me to refer to the beneficial effects derived in this disease from the use of the Bromide of Ammonium in doses of one grain for each year of the child's age, repeated every four, three or two hours, as required. I am fully satisfied that we possess in this drug an efficient remedy for palliating if not curing Whooping Cough, for mitigating the severity of the paroxysms and diminishing their frequency. It is my firm belief that it will respond in such manner as to give satisfaction to both patient and physician, when employed in cases which do not present inflammatory complications.

To one reviewing the medical history of this county for the past year, two things must appear worthy of note.

The first of these is the non-prevalence of those diseases of the warm season, which usually so largely fill our mortuary record. I refer to gastro-enteric trouble in infancy and childhood. All of the profession with whom I have conversed on the subject, have expressed the same opinion, viz.: that for years there has not been such exemption from the class of diseases alluded to. The oldest among us, those who can look back over two decades of extensive practice, cannot recall a summer when receipts for diarrhœa or other intestinal disorders, were so seldom written as during the last. And, in fact, the health of our community throughout the summer and fall months, was such as almost to suggest the conclusion that the necessity for the class styled "Doctors," no longer existed. But as winter approached, those of us who may have been meditating upon our uselessness, were called upon to advise for catarrhal troubles, (congestion of mucous surfaces,) and the prevalence of these diseases, notwithstanding what seemed to be the most delightful weather—neither too hot nor too cold, too wet nor too dry-is a problem which I can not explain. In referring to the thermometric and hygrometric conditions of the atmosphere, my conclusions are based upon my personal sensations, and not upon instrumental observations, and this may possibly be the solution of the difficulty.

A paper of considerable merit, and upon a topic which does not commonly receive much attention in our midst, (Inunction,) was read at the February meeting of our Society, and as I cannot do justice either to the subject or its author by epitomizing, I call attention to the article as published in the Medical Record.

I presume that it will be proper for me to report some facts and cases in connection with our hospitals, for the information and interest of all whom it may concern.

There are in Hudson county, four hospitals; one under the patronage of the city government of Jersey City, one under the care of the Protestant Episcopal Church, and one under the control of the Sisters of Charity, in each of the cities of Jersey City and Hoboken. The property formerly known and styled as the Hudson County Hospital, has been recently leased by the Protestant Episcopal The expenses of the Church, for hospital purposes. institution are defrayed by voluntary contributions. From a report issued by the council in December, 1874, and covering a period of eight months, I find that fiftythree patients in all had at that time received the benefits of the hospital. One very interesting case which was treated here, was a Papilloma, involving the rectum, colon, and even extending to the small intestines, a full history of which, or at least, as complete an account as could be obtained by Dr. J. B. Burdell, is herewith transmitted. Another case of interest was that of the patient affected with Emphysema, whose history is detailed in the enclosed report. At the Jersey City Charity Hospital, a large number of interesting manifestations of disease have been under observation, reports of a few of which are sent herewith.

When referring to the subject of Diphtheria, I detailed the usual methods of treating the same adopted by most practitioners in this county. But, I am sorry to say, some in our midst do not confine their therapy to these safe and approved means. For example, instances have come to my knowledge where mercurial and antimonial preparations have been administered at stated intervals, Pulv. Jalapæ being added.

Delirium Tremens. Since its opening, about six years ago, two hundred and five cases of mania-a-potu have been treated at the Jersey City Charity Hospital. These

cases have, of course, not all been of the same gravity, and perhaps some of them have deserved the more extensive term, (in a logical sense,) alcoholism. Of these cases, fifty-seven have been treated during the past year. Ten of the two hundred and five cases have proved fatal, three deaths occurring during the past year. The treatment adopted by the visiting staff of the Hospital is, in the main, the same, and consists of an emetico-cathartic, followed by hydrate of chloral and bromide of potassium, if necessary to procure sleep. The hypnotic is, however, by no means always required, as the relaxing effect of the evacuant often causes calm and refreshing repose, from which the patient awakens so much improved, that he not infrequently request a repetition of the remedy, reasoning that if one dose has accomplished so much toward his cure, another will infallibly complete it.

The mortuary record of the Board of Health and Vital Statistics for Hudson county, makes the following exhibit as to the number of deaths that have occurred from Pneumonia and Diphtheria. I speak of these two diseases because the latter has prevailed epidemically among us, and the former, perhaps, may be regarded in the same light, since catarrhal troubles have been so universal that we have almost concluded that they were epidemic.

Died from Pneumonia—July and August, 24; September, 13; October, 15; November, 30; December, 45; January, 38; February, 31.

From Diphtheria—July and August, 42; September, 33; October, 48; November, 42; December, 40; January, 35; February, 29.

Some few cases of peculiar interest have occurred in my own practice, which I append to this report.

THEODORE F. MORRIS, Reporter.

JERSEY CITY, May, 1875.

CASES BY DR. T. F. MORRIS.

CASE I. Cancer of the Liver.—I would briefly refer to a patient who had been under my treatment for at least two years before death, suffering from what was proved by the autopsy to have been cancer of the liver, as, in fact, had been suspected months before, from the symptoms, which were in many respects similar to those which I had observed but a short time previous in a patient of my friend, Dr. Hunt. During the above mentioned period I was from time to time called upon to visit Mrs. S., suffering from attacks of acute pain, which was generally located in the epigastric region. These attacks were generally attended by constipation and great irritability of stomach, sometimes presenting all the prominent symptoms of what we style cholera morbus; at others, giving evidence of congestion of the portal vessels, with complaint of a painful sensation of fullness in the right hypochondriac region. Of course, at these times the treatment was varied to meet the indications of the symptoms which happened to be predominant. Cathartics, anodynes, gastric sedatives, all were employed as they seemed to be demanded, complete temporary relief following their use on each occasion, so that in the intervals of the attacks, my patient considered her health good, and attended to all her usual duties to within a few months of her death. When called to attend her, in what proved to be her last illness, as the gravity of the symptoms seemed greater than at previous attacks, and as they did not yield with their usual promptitude to the remedial measures employed, I made a careful examination by palpation and percussion of the hypochondriac regions of both sides, and found the liver very much enlarged, presenting an uneven surface and a very prominent left lobe. lower margin of the liver could be grasped between the thumb and fingers. I expressed to the daughter of the patient my opinion that the disease was incurable, and this opinion was concurred in at a consultation subsequently held, and at which Prof. Flint, of New York, and Dr. Hunt, of Jersey City, were present. Throughout her last attack (if the expression is permissible) the patient's bowels were continually constipated, and injetions of warm water were used with satisfactory results. Until this time, her appetite had continued good, but now a constant loathing of food took its place, and even when nourishment was introduced into the stomach it produced so much pain that it was only by much persuasion that she could be induced to partake of it. There had been no marked icterus during any of the preceding attacks, but now a jaundice hue was a prominent symptom. Great emaciation, from want of nutrient supply, took place, and at last the

fatal end was reached by exhaustion. An autopsy confirmed the diagnosis, and the peritoneal adhesions found, fully explained the severe attacks of pain which had, at the periods referred to, been the cause of so much suffering and anguish to the unfortunate patient.

CASE II. Infantile Erysipelas.—In the month of January, 1875, I was called old. Both children exhibited nearly the same symptoms. Some febrile movement was present, and, upon examination of the fauces, the tonsils of each child were found to be very highly congested, the engorgement extending to mucous membrane adjacent. As the alimentary canal was free in both the instances, a solution of chlorate of potassa and pulverized alum was directed to be given in small doses at frequent intervals. On the day succeeding my first visit, my attention was called to an erythematous blush, involving the vulva of the youngest child, for which I prescribed an opium and lead lotion. At a subsequent visit I found the subcutaneous cellular tissue involved in the erysipelatous inflammation (for such the affection now plainly was,) and that this latter was rapidly spreading. In from 36 to 48 hours the disease had extended so as to involve the skin and cellular tissue of the trunk as high as the nipple, and of the inferior extremities as far as the ankle joint. The impression made upon the nervous system was intense in character. Tinct. Ferri. Mur. had been ordered, but as it was rejected by the stomach it was discontinued, and the bi-sulphite of soda, in doses of five grains every three hours, was faithfully administered in its stead. Anodynes were exhibited as they were required, and quinine was added to the treatment for its anti-pyretic effects, and also for whatever aid might be gained from it as a sustaining agent. My little patient had thus far bravely resisted this violent attack upon her vital powers; but suddenly, to my dismay and discomfiture, the peritoneum became involved, and soon the distension of the abdominal walls was something enormous. poultices were perseveringly applied, and Dover's powder administered in sufficient quantities and at suitable intervals, to keep the little one free from pain. The kidneys were acting freely, but as the extremities were somewhat edematous, some complication affecting them was feared; and by placing a small cup between the limbs of the patient, some urine was obtained, which chemical examination proved to be albuminous. question now presented itself, whether the albuminuria depended upon the peritonitis, or whether nephritis co-existed. Early in the illness, the bowels had been somewhat constipated, so much so, in fact, as to require the use of a cathartic and magnesia at one time, and castor oil with a few drops of

turpentine at another, had been given. Later, one or two evacuations occurred in the twenty-four hours. There was no vomiting. A singular circumstance, observable during the last few days of the disease, was the fact that while the little patient recognized all about her, she did not utter a word, not even that familiar sound or name "Mamma," nor could she be induced to speak, nor put out her tongue, (with one exception.) She took her nourishment, consisting of milk, freely and without difficulty until a short time before her death. She could not be raised from a recumbent posture without great pain, which was manifested by the expression of her countenance. There are two or three points which seem to me especially worthy of attention in the history of this case.

First, the treatment directed to the arrest of the disease was futile. Second, it seems remarkable that, with such extensive erysipelas, she did not earlier succumb. Third, the extension of the disease to the peritoneum is interesting. Fourth, how shall we explain the circumstance of her not uttering an articulate syllable, nor making any vocal sound, other than a slight whine, after the time when the peritoneum became involved? Fifth, to what was the presence of albumen in the urine due? Sixth, symptoms referable to the nervous system were at times very prominent. Among them were, rolling of the head, staring, tossing of the hands to the side of the head, and, when not under the influence of anodynes, the continuous whine, before alluded to. This patient was seen by Dr. Lutkins, at two different times.

The sister, attacked at the same time, developed remittent fever, which pursued its course uninfluenced by quinine, and gradually exhausted itself, nothing worthy of note occurring, except the fact that quinine failed to shorten, prevent or modify the evening febrile movement. The question presents itself, was the materies morbi the same in these two cases? In the same house, and among the members of this family, two or three others have suffered during the year from what seemed to be malarial influence; and reasoning à priori, it seems natural to arrive at the conclusion that the cause for all was local. Hence the suggestion was made to the family, that the water closet and the drainage of the house be examined into, and rectified if found imperfect. At the present day it seems to be generally conceded by medical men, that the cause of this class of disease is often confined to the habitation in which it occurs.

Case III. Pleuro-Pneumonia.—Robert Leonard, aged 21, born in Ireland. His parents were cousins. The father died at the age of 36, from disease brought on by exposure; the mother died of phthisis. The patient was very delicate in his earlier years, and states that he had all the diseases

peculiar to infancy and childhood, and had suffered from two attacks of "inflammation of the lungs." Subsequently, however, he became as strong and athletic as any of his comrades, enjoying the best of health for a period of five years. On the 13th of January, 1874, he sailed for America, and arrived in Jersey City on the 3d of February following. On the 14th of the same month, I was called to see him, and found him suffering from intense and agonizing pain in the right side, together with considerable cough. My diagnosis was Pleuro-Pneumonia, and I directed warm poultices to the affected side, Morphine for the relief of the pain and cough, with Tinct. Aconit, Rad. to quiet the excessive activity of the circulation. The physical signs present at the time of my second visit, on the following day, were: crepitant rale, dullness on percussion, and broncho-vesicular respiration. The characteristic sputum was also present, in abundance. Morphia had relieved him of suffering, and his general condition seemed good. In a few days the dullness on percussion gave place to flatness, which extended over the whole of the right lung, except, perhaps, the extreme apex, and the conclusion was forced upon me that the right pleural cavity was full of fluid; and as chilly sensations with profuse diaphoresis were present as symptoms, I feared that the fluid was purulent. Generous nourishment was directed, and Iodide of Potassium, which was subsequently replaced by Quinine and Iron, was administered; the affected side being painted for a number of days with Tincture of Iodine. All efforts were unavailing; no change in the character of the sound elicited on percussion could be detected. Dr. J. W. Hunt saw the patient with me at about this time, and coincided with me as to the conditions present. We decided to remove the fluid, and on the following day, Prof. Flint, of New York, visiting the patient by my request, fully concurred in the diagnosis and the treatment determined upon. With trocar and canula, aided by a Davidson's syringe, we withdrew about three pints of pus, at the first operation; and at a subsequent visit obtained about two quarts in the same manner. The opening having closed up during the intervals between the operations, was reproduced and enlarged, the adhesion broken, and a tent was introduced. By this means a free exit for the pus was maintained, and a continuous discharge of that fluid existed for a number of weeks. At length, upon the suggestion of able counsel, an attempt was made to wash out the pleural cavity with a weak solution of Carbolic Acid. Our patient was sitting astride of a chair at the commencement of this operation; but complaining of feeling very ill, he was soon laid upon the bed, and the process of pumping the fluid into his chest was continued. The solution escaped from the cavity almost as soon as injected. He still complained of very unpleasant

sensations, and soon became completely unconscious and cyanosed, when we desisted from washing, and endeavored to administer stimulants. however, were not responded to, and respiration almost ceased. We now resorted to artificial respiration, by compression of the abdominal and thoracic walls, and in a short time had the pleasure of seeing the respiratory movements re-established. The patient continued unconscious, muttering, and without pulse at the wrist; and this state of apparent impending dissolution remained for a number of hours. In fact, not until the next day did he fully recover from the shock. After this, there was considerable improvement; and to accelerate his convalescence he went, by my advice, to the Hudson County Hospital, where he could have the advantages to be derived from pleasant scenery, out-door exercise, &c. He continued to improve, pus ceased to be discharged, the opening closed (which, by the way, was between the 9th and 10th ribs, perpendicularly under the angle of the scapula), and, being discharged, he left for Webster, Mass., by boat. On the boat he had a severe attack of vomiting, which completely prostrated him, and on his arrival at Webster, he was compelled to take to his bed. to which, however, he was confined but a few days at this time. After the lapse of a week he was seized with inflammation of the liver, or at least he was so informed by his attending physician. He says that he failed every day, and all hope was gone, when he was persuaded by his cousin to undertake the journey to her home in Jersey City. He was placed upon a stretcher and again brought to our city. I was called to see him, and found him very much emaciated, jaundiced, and with enlarged liver, which appeared somewhat tender on percussion. He had diarrhea, and upon examination of the stools, I was fully satisfied that a large quantity of pus was present in each evacuation brought to my notice. The stomach was irritable, but by careful selection of articles of diet, and with very little medication, he soon rallied, the liver decreased in size, and by my advice he again availed himself of the advantages of the Hudson County Hospital. At the present time (March 1st, 1875), his health is almost fully restored. The lung has again become inflated to such an extent that normal resonance on percussion is present at all points, except posteriorly, in the infra-scapular region. He is now contemplating a return to Webster, to engage in business pursuits.

Case IV. Phthisis with Empyema.—John E. Jacobs, American, 46 years of age, shipwright, was admitted to hospital, Oct. 19th, 1874. Eighteen months previously he was taken suddenly ill, the symptoms being a chill, and sharp pain in the right side. He was confined to his bed for some

time, but fully recovered, and continued to enjoy good health until the month of March, 1874, when he had an attack of hemoptysis, which was followed by a cough with expectoration, this being at times bloody. His strength failing, he was compelled to relinquish work, and shortly before admission was troubled with night sweats and dyspnea. His parents are both dead—the mother dying of consumption, and the father being killed by an accident. His brothers and sisters are nearly all living. At the time of admission, his symptoms were: great dyspnea, marked debility, profuse night sweats, troublesome cough. Physical examination revealed localized mucous rales at the apex of the left lung, flatness on precussion over the lower half of the left side, bulging of the intercostal spaces, absence of vocal resonance and respiratory murmur over the same region, exaggerated respiratory sounds on the opposite side. The diagnosis was Phthisis, and Chronic Pleuritis with Effusion. On the 28th of October, the operation of paracentesis thoracis was performed by direction of Dr. Vondy, and thirty-two ounces of sero-purulent fluid were withdrawn, to the great relief of the patient. Resonance and respiratory sounds were now heard over the region where they were previously wanting, and his condition seemed much improved. He abandoned his bed, frequently walked out of doors, and appeared to gain in every way. The fluid re-accumulated, however, and on the 9th of November, Dr. Morris deeming it necessary to repeat the operation of aspiration, fifty-four ounces of fluid similar to that first obtained were withdrawn. Under the microscope, this fluid was found to contain numerous pus cells. The removal of this fluid was again followed by great relief Air once more entered the lung, and resonance upon to the patient. At this time the patient complained of sharp pain precussion returned. in the left side, which was relieved by the application of a blister. Tinct. Ferri. Mur. and Quin. Sulph. had been directed, and, with good easily assimilated nourishment, were continued. Within a few days the patient again grew worse, and the night sweats became very copious. On auscultation, crepitant rales were heard over the entire left side of the chest, while sub-crepitant rales and other signs of deposit were now found at the apex of the right lung. The flatness over the left side grew higher each day, showing the rapid re-accumulation of the fluid, and as the dyspnea was increasing, Dr. Morris considered it advisable once more to aspirate. On this occasion 132 ounces of fluid were withdrawn. The first that flowed was clear and serous in character, while that which escaped towards the close of the operation was thick and opaque, and evidently consisted almost wholly of pus. He again rallied a little, and certainly was more comfortable after than before the operation; but his improvement did not continue.

He failed, gradually at first, and then more rapidly, and finally died on the On post-morten examination the body was found emaciated, the muscles being reduced to their minimum of development. The left lung was found compressed to about one quarter of its normal size, and was bound to the lower and posterior portions of the thoracic wall by thick and firm adhesions. Two other adventitious bands were observed extending from the apex of the lung to the side of the chest. These, when cut, were found to be hollow, tubular in form, and their cavities connected with two cavities situated in the apex of the lung, each about as large as a walnut, and each lined with a firmly organized membrane. The whole lung weighed about eight ounces, and admitted of only slight inflation. pleural cavity was about one-third full of fluid, which measured fifty-four ounces, and was rendered thick and turbid by flakes and shreds of lymph. The right lung was of normal size and weight, and presented a tubercular deposit at the apex, together with cavities about as large as nutmegs. This lung was bound to the thoracic walls by old pleuritic adhesions. All the other organs were apparently normal. The total quantity of fluid taken from this patient, was as follows:

1st operation, 32 ounces.

2d " 54 "

3d " 132 "

Found after death, 54

Total, 272 oz., or 2 gallons, 16 oz.

The report of this case was furnished me by Dr. W. E. Bullard, House Surgeon, Jersey City Charity Hospital, as to those matters which did not occur during my own service.

Case V. Intermittent Fever, with complication.—On the 15th of February, I was called at 3 A. M., to see Mrs. H., whom I found seated in a chair, cold, perspiring freely, collapsed, almost pulseless. She was seven months advanced in pregnancy. Upon inquiry, I found that she had enjoyed her usual health until about twelve days before this visit, at which time she carried a scuttle of coal up two flights of stairs, and soon afterwards commenced to have uncomfortable sensations about the pelvic organs. On the evening just preceding my visit, she went to bed at the usual time, having no premonition or indication of the severe ordeal through which she was to pass before morning dawned. After resting for a few hours she awoke from sleep, and was instantly seized with a very severe and prolonged chill, accompanied with a desire to go to stool. Yielding to this desire, she

passed a large quantity of black fluid. Whenever she moved, this inclination to go to stool returned, and upon each attempt to satisfy it, the same black liquid matter was evacuated. These evacuations were followed by extreme prostration, and by the time I reached the house, her condition was, as described above, exceedingly grave. I urged her to allow us to place her in bed, which she was very averse to have done, from apprehension that the exertion which she would be required to put forth, would again excite the action of the bowels. But as she was fast failing, I advised and at last insisted that she should lie down. I then made a vaginal examination and found the os uteri patulous, but not sufficiently dilated to admit two fingers. She had no decided pain, but a feeling of indescribable uneasiness. Morphine and Aromatic Spirits of Ammonia were directed, together with warm drinks containing alcoholic stimulants. After directing the nurse to send for me in case she had any pain simulating labor, I returned to my home. After the lapse of some six hours, a hurried messenger again summoned me to the bedside of Mrs. H. On my arrival, I again made inquiries as to pain, and received as before, the reply that she had "no pain, but terrible distress." The patient also informed me that "something was passing away from her." Upon examination I found that the head, enveloped in the membranes, had already escaped from the vulva. I ruptured the membranes, and the fœtus, was immediately expelled, followed in a very short time by the placentathe latter requiring a little assistance from me. The feetus was dead. The uterus contracted firmly, but her condition at this time was alarming, as she was completely exhausted, and cyanosed, and the heart was acting feebly. Alcoholic stimulants were freely given, heat There was no hemorrhage. was applied to the extremities, and after a lapse of twelve or fifteen hours, we were cheered by some signs of reaction. I was at first completely at a loss to account for her condition, and not until the second day after I was called, did I understand the nature of the case, and find myself in a position to confront the materies morbi with the proper antidote. On this day she again had a severe chill, followed by febrile movement, and upon questioning her. I learned that she had suffered an attack of intermittent fever some time before. Capsules, containing five grains each of quinine, were ordered, of which three were to be taken daily, at intervals of two hours; and, as a natural and necessary consequence, that was the last chill she had. She remained very much prostrated for a number of days, and continued for some time to take five grains of quinine daily; but was discharged on the fourth of March with the advice to continue the use of the quinine, and to take in addition, ten drops of Tinct. Ferri. Mur., three times daily.

CASE VI. Cancer of Mesentery.-Mrs. W., 43 years old, born in Scotland mother of two living and two premature and still-born children; menstruating regularly, began in June, 1874, to suffer from a feeling of distress in the epigastrium. Her mother died of some disease of the womb. father is still living; and of her two sisters, one is living and one dead. feeling of distress to which reference has been made, gradually increased until it was described as pain extending, at times, in all directions over the thoracic walls. At this time the patient's disorder was pronounced to be rheumatism by the physician consulted. Her appetite was good, her person well nourished, and her spirits vivacious. She consulted a number of medical men during the progress of the disease, and one clairvoyant practitioner, who said that the liver was the organ at fault. Last fall she was prescribed for by me, and as indigestion seemed to be her principal trouble, and her appetite was failing, I advised the use quinine, and gave some general directions as to diet. She looked, at this date, in fine condition, and gave no evidence of constitutional disturbance. Failing to get complete relief, she next consulted a Homeopathist, who plied his art during about two months, without success. And so from one after another she vainly sought relief. On the 4th of February, she again desired me to see her, which, as all medical attendants had been discharged, I consented to do. I found her greatly emaciated, jaundiced, restless at night, uneasy by day. Food taken through the day was vomited at night. The urine was very much concentrated, loaded with amorphous urates; no albumen was present. Pepsine and Bismuth, with Soapnia at night, were ordered. The medical attendent who had preceded me, had interdicted the use of water, and, in fact, had discountenanced the use of all fluids. I told the patient to use water in small quantities to allay thirst, or, if she prefer it, to eat ice ad libitum. For a few days she seemed to improve, but only temporarily. She complained particularly of pain in the right hypochondriac region, and at the epigastrium. At times she experienced great discomfort in the muscular tissue of the right thigh. On my first visit I carefully examined the abdominal cavity by percussion and palpation, but could discover no signs of lesion, tumor or even any marked tenderness. Her temperature was below the normal standard. The action of the heart was not accelerated. My opinion, as expressed to her friends, was that the case was one of malignant disease; but a medical friend from New York, who saw the case with me, was inclined, from the history and symptoms, to believe that all was due to functional disturbance, and he therefore named the disease Gastrodynia. He advised ten grains of quinine daily for two weeks, and urged the patient to take food at regular intervals, and to endeavor to

retain the same. In this effort she failed; no food introduced into the stomach left it except by the act of vomiting. Kreasote, Hydrocyanic Acid, Oxalate of Cerium, Belladonna Plaster over the epigastrium, all were tried Everything was vomited—even the water resulting from the liquefaction of the ice, which was finally the only substance that she took into her stomach. Beef-tea, brandy and milk were given by enems to sustain her during the last three weeks of her earthly career, and, as soapnia failed to procure sleep, suppositories of morphia, each containing half a grain, were employed for that purpose. But day by day she failed, in spite of our earnest efforts to prolong her life, till at last, calmly and without disturbance of the nervous system, she succumbed. At the post mortem examination, only the abdominal viscera were investigated. The liver was not enlarged, but the gall-bladder was enormously distended. The stomach was found free from disease, and the duodenum shrunken, discolored, and almost gangrenous. Behind the stomach, and connected to it by inflammatory adhesions, was a scirrhous mass, firmly adherent to the posterior wall of the abdominal cavity, which, from its position, must have occasioned compression of the pyloric orifice of the stomach, the duodenum and the bile ducts. The examination also disclosed cystic degeneration of the right kidney. Both ovaries were involved in disease, one of them having the hard feel and resistance of the mass above described. Cause of death: Primary, Cancer of Mesentery; Immediate, Asthenia. March 2d, 1875.

CASE VII. Albuminuria.—On the 26th of January, 1875, Mary was admitted to the Jersey City Charity Hospital, in the ninth month of pregnancy. During the preceding four months, her lower extremities had been somewhat cedematous, and some puffiness under the eyes had been discoverable after rest in the recumbent posture. Latterly she has suffered from severe headaches, and has experienced flashes of light before the eyes. The quantity of urine passed daily is small, but its color is very dark. At the time of admission, the lower extremities and vulva were very ædematous, and the vulva quite painful. The patient was suffering from severe headache, dizziness and specks before the eyes. As she had voided no urine since the preceding day, the catheter was introduced, and about four ounces of high colored, albuminous urine obtained, the reaction of which was acid. The bowels were constipated. A saline cathartic was administered, and produced free evacuations. The four oz. of urine obtained by catheterization was estimated, from its appearance after boiling, to be three-fourths albumen.

Jan. 27. The patient did not sleep during the night, and complained,

when visited in the morning, of great pain in the head and limbs; she was very restless and anxious. During the forenoon a few ounces of urine were voided, one half of which was estimated to consist of albumen.

Jan. 28. The vulva being more distended, punctures were made, and gave marked relief. A small quantity of urine was obtained by the catheter—about five ounces—and gave evidence of as large a percentage of albumen as did that last obtained. From her admission until this date, not more than one pint of urine has been voided by the patient.

Jan. 29. Potassæ Cit. and Tinct. Digitalis were ordered in the morning. The urine appeared to be still more heavily charged with albumen than that obtained during the two preceding days. At his daily visit, Dr. Vondy directed Clutterbuck's Elaterium in doses of one-sixth grain every three hours, to be replaced, if not tolerated by the stomach, by enemata of the same medicine in combination with olive oil. The elaterium exhibited by the mouth being soon rejected, one grain of the drug was administered in olive oil, per rectum, in two equal doses, at an interval of one hour. Several watery evacuations followed this treatment.

Jan. 30. The urine appeared to be about one-half albumen. Labor commenced at 6 P. M. Os dilatable, breech presenting, patient restless and anxious, pains regular. The child was born at 5 A. M., Jan. 31, no unfavorable symptoms being manifested at the time. One eighth of a grain of morphia was administered, with the effect of procuring some sleep and an entire day of comfort for the patient.

February 1. The patient was quite delirious, and had passed no urine for some twenty-four hours. Hot cloths were applied to the epigastrium; and the urine which was subsequently obtained, exhibited one-fourth its bulk of albumen. The bowels moved several times during the day.

February 2. The patient was much improved, and passed a nermal quantity of very slightly albuminous urine. The cedema was greatly diminished.

For several days the relative proportion of albumen in the urine was very variable, it being large on the 3d, 4th, 5th, 6th and 8th, trifling on the 7th, and again very large on the 10th. The patient's general condition steadily improved from February 2d, and she was discharged from the hospital on the 13th. The notes of this case have been furnished me by Dr. W. E. Bullard, House Physician and Surgeon.

CASES BY DR. J. W. HUNT.

PISTOL SHOT WOUND OF THE ABDOMEN.

Jas. H—, aged 16, born in Scotland, not well developed for his years, was admitted to the Jersey City Charity Hospital, on the evening of July 4th, 1874, with a pistol shot wound of the abdomen. I saw him soon after admission, and found his condition that of collapse; pale, anxious countenance, respiration hurried, pulse very weak and frequent, and extremities cold. The wound, a small, round, dark red spot, with a black centre, was made by a conical ball, from a No. 1 copper cartridge, accidentally discharged from a small pistol in his own hands, and was situated in the median line, two inches below the ensiform cartilage.

To ascertain whether the ball had entered the abdominal cavity, a probe was passed into the wound obliquely, backward and downward, about half an inch. As it would not readily pass farther in any direction, and no foreign body being discovered, it was withdrawn, and not again introduced.

He complained of great pain in the left inguinal region, and was inclined to draw his knees up. Ordered R. Sol. Morph. Sul. (Mag.) 3i, Syr. Acaciæ 3vii, m., to take a teaspoonful once in two hours until pain was relieved, and lint, wet with cold water, to cover the wound; milk for nourishment, and perfect quiet enjoined.

July 5th, A. M.—Patient slept 4 hours after the third dose of Morphia; pulse 100 and fair in volume, temperature 94½°, no pain, no change in the appearance of the wound. The urine passed was not abnormal in quantity, but was strongly alkaline, and had the appearance of being two-thirds blood. A specimen placed under the microscope revealed blood corpuscles, both red and white, in abundance. Morphia to be continued once in six hours. P. M.—Pulse 100, temperature 100°. He has vomited at intervals during the day; has not complained of pain.

July 6th, A. M.—Slept very well during the night, no vomiting since last evening, pulse 114, temperature 102°, urine small in quantity and has the appearance of dark blood, bowels have not moved since his admission. Ordered enema of Ol Ricini Zi, Ol Terebinth. Zi. P. M.—Enema produced free evacuation of the bowels. No evidence of injury to the intestines in the stools. He has some difficulty in passing water, complains of pain above the pubis when he attempts to force it. Tenderness in the left inguinal region. Ordered a warm poultice to cover the abdomen. There is slight tumefaction surrounding the wound, no change in color, the wound is less livid, no suppuration.

July 7th, A. M. Patient slept most of the night. Complains of pain in the left inguinal region; unable to pass water; a catheter was introduced, and a large quantity of bloody urine withdrawn, containing some small coagula. Pulse 100; temperature 98°.

P.M. Not so much pain; no appetite; takes milk exclusively for nour-ishment. Pulse 80; temperature 100°. Warm poultice continued.

July 8th, A. M. Has had a bad night; pain in the left inguinal region greatly increased; somewhat relieved by flexing the thighs upon the abdomen. He passed 3xii of urine during the night, not quite so dark in color. Bowels moved spontaneously. Pulse 66; temperature 99°. Ordered morphia once in two hours until the pain was relieved; poultice continued.

P. M. Pain greatly relieved. Pulse 76; temperature 101°.

July 9th, A. M. Morphia controlled the pain, and he has had a very comfortable night; much less tenderness in the left inguinal region; urine not so bloody, and larger in quantity. Passes some small clots, which sometimes choke the urethra for a time, and give pain by the effort to expel them. Pulse 80; temperature 99°. Morphia once in four hours.

July 10th, A. M. Patient comfortable; no pain; pulse 80; temperature 99°. Quantity of urine increased, with less blood.

July 11th, A. M. Suffering from inability to pass water; clots of blood cozing from the mouth of the urethra. A catheter was introduced and about a pint of bloody urine withdrawn; patient relieved at once; pulse 96; temperature 98°. Morphia discontinued.

July 12th, A. M. Pulse 68; temperature 99°. Slight pain and tenderness in the left inguinal region. Since the morphia was discontinued, appetite somewhat improved; urine less bloody, quantity increased and without clots.

P. M. Pulse 80; temperature 99%.

July 18th, A. M. Slept well; bowels moved without aid; pain and tenderness very slight. Poultice discontinued. He has passed a very large quantity of urine during the last twenty-four hours (3L) which was free from any appearance of blood. The wound looks well; the tumefaction that surrounded it has all disappeared, and there has not been the least appearance of pus; water dressing discontinued; pulse 80; temperature 99°.

P. M. Pulse 76; temperature 99°.

July 14th, A. M. Says he feels much better; no pain or tenderness; appetite good; pulse 84; temperature 98°; urine normal.

July 17th. Improving very rapidly; a dark-brown dry crust covers the external wound; no pain or tenderness at any point over the abdomen; permitted to get up and walk about the ward.

July 18th. Patient seems to be perfectly well, and was discharged at the

request of his mother. He walked home (nine blocks) without any discomfort, and has since removed from the city.

Notes of this case were made daily by the Assistant House Physician and Surgeon, Dr. Bullard, at my request.

Remarks.—The principal point of interest exhibited by this case was, that so little disturbance was produced by such a wound. To account for the blood passed and withdrawn from the bladder, we must believe that either the kidney, ureter or bladder was wounded; probably the latter. In either case, however, the distance from the external wound to these structures was so great, and the tissues through which the ball must necessarily have passed to reach them, if it penetrated the peritoneal cavity, are known to be so peculiarly sensitive to this character of injury, it is remarkable that no greater degree of inflammatory action was set up.

The probe passed readily through the linea alba in an oblique direction downward. Whether the ball penetrated the peritoneum and entered the abdominal cavity at that point or not, is not positively known; but it is my belief that it did, and that the sliding of the tissues upon each other occluded the valvular opening which had been made, and prevented the probe from passing without force; and force was not applied, for obvious reasons. But whether it entered the abdominal cavity at that point or not, if it penetrated the bladder, even by a route external to the peritoneum (a ball has been known to turn wonderfully short corners in the living body) extravasation of urine into the cellular tissue could only have been obviated, it would seem to me, by the wound having been oblique and valvular. If either the kidney or ureter were wounded the same dangers were present, and others even greater.

One other point in the case was unusual. The external wound healed without suppurating; not a film of pus was seen at any time. The surrounding redness faded, and the black centre spot (originally a drop of blood) became a dry crust, when the water dressings were discontinued.

During the late war, I saw two gun-shot wounds close in a similar manner, without the formation of pus.

A CASE OF CARCINOMA OF THE STOMACH.

J. C. G., aged 42, born in New York, married, moderate drinker, rather stout and plethoric, came under my observation Jan. 11th, 1869.

Previous history. For a number of years he has complained, at intervals, of pain in his back and right hypochondrium, which was not of sufficient importance to require treatment; transitory in character, and generally

passed away after a few hours or days. In the spring of 1868, he had typhoid fever, after which he seemed to regain perfect health. Phthisis pulmonalis existed in his father's family, but no other known hereditary taint. About the middle of December, 1868, he was attacked with pain in the left lumbar, and extending around and through to the left iliac region. A doctor of the Homoeopathic persuasion was called, who treated the case for three weeks, when the patient was pronounced cured, though he had not had a good night's rest during that time; the pain would not permit sleep, and he would pace his room during the greater part of the night.

Jan. 10th, 1869, Dr. Alexander Hadden, of New York, (who had formerly been his physician,) was called to see him. The doctor called upon me late that evening, and requested me to take charge of the case, stating that it was his impression that the patient was suffering from impacted feecal matter in the descending colon and rectum, and that he had ordered—

R. Hydg.-Chlo. Mitis.

Pulv. Jalap. āā. gr. x.

M. One dose.

I saw the patient on the following morning, Jan. 11th, and found him free from pain, skin cool, but rather sallow, pulse 100, and full tongue covered with a yellowish white fur. The cathartic had not acted. Ordered

R Ol. Ricini. 3i.

Ol. Terebinth. zi

M. One dose.

I saw him again in the evening. The bowels had been fully acted upon during the day, attended with some vomiting. About three or four o'clock there was a recurrence of the pain, which he described as "an aching that would not let him keep still," constant desire to change his posture. It comes on irregularly as to hour, but most frequently late in the afternoon, and continues all night always better in the morning; he then sleeps an hour or two at a time, and wakes almost or quite free from positive pain, but with an uneasy sensation in the left iliac or lumbar region.

Physical examination revealed slight tenderness at a point directly over the lower border of the right kidney, posteriorly. When deep and upward pressure was made, a hard body was felt at the sensitive point, which I believed to be the kidney, enlarged; urine scanty and loaded with urates and mucus. Diagnosis: disease of left kidney, character not determined. Ordered potass. acetate \mathfrak{D} j. doses, combined with gr. j. of ext. hyoscyami in sol., once in four hours; pain to be relieved with morphia.

Jan. 12. Pulse 104, tongue cleaning from the edges; no pain; says he

slept better than at any time since he was taken sick; thinks he will be well in a few days, and asked when he could go out. Same treatment continued.

- Jan. 14. Appetite good, tongue clean, his skin lost its sallow color, pulse 100, urine passed in much greater quantity and clear, pain has returned each afternoon about 4 o'clock, with heat of skin, flushed countenance, and thirst. Ordered quiniæ sul. gr. ii, once in two hours, during the intermission of pain. Potass. acetate continued, and morphia when necessary to relieve pain.
- Jan. 16. Some improvement. Tongue clean, appetite good, pulse 100, pain returns at night but not so severe, and without the heat and thirst previously complained of, bowels not moved since the 11th. Quinia and acetate potass. discontinued. Ordered—R. Ext. Colocynth co., Di; Ex. Hyoscyami, gr. iv; Podophyllin, gr. i. M. Tet. pil No. iv. One to be taken once in six hours until the bowels are moved.
- Jan. 18. He took three of the pills ordered, when he had two pretty free dark stools, was very sick, vomiting and straining frequently during the twenty-four hours following; pain in the left lumbar and iliac regions increased. Ordered—Emplast vesic, 3x4, to be applied just above the crest of the left ilium; morphia, when necessary to relieve pain.
- Jan. 24. Has had much less pain since the blister was applied; it continues open and annoys him more than anything else at present. Tongue clean, appetite not so good, pulse 104. Ordered—R. Tr. Cincho co.; Tr. Gentian, ää 3iij. M. To take a tablespoonful three times a day.
- Jan. 29. Dr. Alexander Hadden saw him with me. Urine again loaded with urates and mucus, poor appetite, tongue clean, bowels confined by the constant use of morphia, pulse 108. Various cathartics have been tried, but they always produce vomiting and straining, which continues nearly twenty-four hours following the dose. Ordered—Enema of soapsuds. The pain returns each afternoon, unless prevented by the use of morphia. For nour-ishment—beef-tea, milk, boiled rice, &c.
- Feb. 1. Patient is weaker, confined to bed, very restless, is more comfortable on his left side than in any other position, pain at times, but does not complain of it so much as formerly, complains more of weakness, pulse 110, urine turbid as before, and small in quantity. Ordered—R. Liquor Potassæ, 3ss; Ol Anisi, gtt. iv; Aqua, 3iiiss. M. To take a teaspoonful once in four hours. Also—R. Tr. Canabis Ind. Ten drops once in four hours during the day, and twenty at the same intervals at night. Morphia discontinued, as it seems to produce a dull stupid delirium. Enema once in two

days produces an evacuation from his bowels without disturbing the stomach.

- Feb. 8. Dr. Alexander Hadden again saw the patient with me. He is growing weaker, mind wandering at times, pulse 110, small, tongue clean, poor appetite, sweats. Same treatment continued.
- Feb. 11. Dr. Austin Flint saw the patient with me. Diagnosis—That there is some diseased condition of the left kidney, but uncertain as to its character. A return to tonics advised, and concentrated nourishment. Ordered—Quiniæ Sul., gr. ii, three times a day, and milk, egg, sugar and brandy three times a day, also.
- Feb. 14. Muttering delirium, no appetite, tongue clean, but dry in the centre, considerable thirst, pulse 120, small, restless. Dr. Flint had the urine carefully examined by the microscope, with negative result. Dr. Erskine Mason saw the patient with me, and expressed his conviction that there was malignant disease of the left kidney. Same treatment continued. Takes the milk-punch well.
- Feb. 19. No apparent improvement, though he seems to relish the punch, and has taken six eggs and four pints of milk each twenty-four hours for the past three days; delirium increased, but with lucid intervals, tongue slightly coated, urine still loaded, bowels have moved spontaneously, stools natural in appearance, complains but little of pain, except when turned upon his right side. Ordered—Potass. Iodide, ziv; Tr. Cincho co., 3ii. M. To take a teaspoonful once in four hours; also, a small blister to be applied to the nucha; as much punch as he will take.
- Feb. 20. More quiet, complains some of the blister, has taken twelve eggs with three quarts of milk, during the last twenty-four hours, urine looking better and the quantity passed considerably increased. Potass. Iodide directed to be given once in two hours.
- Feb. 21. Continues to appropriate the same large quantity of nourishment; urine clear and quantity greatly increased; more quiet.

Feb. 22. Died to-day.

Post-mortem appearances.—The stomach was found nearly empty, and firmly adhered to the liver. All of the lower part of the organ thickened, and the pylorus very nearly closed by hard, firm cancerous deposits. About two-thirds of the whole mucous surface of the organ presented extensive deposit of the disease. The line of the adhesion to the liver was marked on the mucous surface by being contracted and corrugated. The only portion that presented the appearance of ability to perform the digestive function, was at the cardiac end and the upper surface. The liver, about normal in

size, showed considerable cancerous deposit at the surface where in contact with the stomach, and numerous small patches of the deposit were scattered through the right lobe, comparatively few in the left. The left kidney was somewhat larger than the right—both were large and fatty. No other morbid appearances were observed. The head was not examined. The morbid specimens were presented to the N. Y. Pathological Society, by Dr. Austin Flint.

Remarks.—The unusual features in this case were, 1st. That the organ most diseased, held out no signal of injury, such as might have been expected. The patient never complained of pain in the immediate vicinity of the stomach, except the transitory pain spoken of as having occurred in the right hypochondrium, at intervals, for several years, and no vomiting except after taking a cathartic.

2d. That so large a quantity of food, even of a fluid character, could be taken care of, the stools giving evidence that it was properly digested, when only so small a portion of the stomach seemed in a condition to perform its function.

3d. There was no cachectic appearance of the skin.

4th. The pain in the left lumbar and iliac regions, which led all the medical men who saw the patient with me, and myself also, to believe that there was disease of the left kidney or in its immediate vicinity, was not explained, as to its cause, by the post-mortem examination. Both kidneys were abnormally large—the left larger than the right—and no other morbid appearance, ordinarily, that would hardly be accounted as sufficient. I have no satisfactory theory to advance on that point.

A CASE OF CARCINOMA OF THE LIVER.

Mrs. W——, aged 51 years, widow, born in New York; temperate, the mother of nine children, the oldest 28 years and the youngest 6, fell, March 10, 1873, and broke her right forearm. Her history is free from any cachectic taint, and her appearance is that of good general health. The fracture united kindly in about five weeks, and she was able to use her arm some, by the first of May following.

June 21st, the same year, she came to see me while I was confined to my bed with erysipelas, and was sent to Dr. Morris, who prescribed for a pain located under the border of the ribs on a line directly below the *left* nipple. The 'pain was not persistent, but had annoyed her, at times, for a week or

two, always located at the same point. She called upon Dr. Morris again, about a month later, during my absence in the country, still complaining of the pain, and for which he again prescribed.

Sept. 25th, she called at my office. She complained of pain and uneasiness under the border of the ribs, on a line below the right nipple, which she described as a dull ache, sometimes slightly sharp, and somewhat relieved by the recumbent posture. The pain for which Dr. Morris prescribed in June and July had gradually disappeared, and, as she expressed it "gone over to the other side." She looks well, tongue clean, fair appetite, bowels regular, sleeps well, and attends to her household duties as usual. My impression was, that she was suffering from indigestion. A sinapism was directed to be applied over the seat of the pain when necessary, for temporary relief. Exercise in the open air; food selected and to be taken only at regular intervals. I saw her three or four times during the remaining days of that month, and at each visit she seemed to be improving; less pain and uneasiness.

I did not see the patient again until Nov. 4th, following. At this time her face has a pale waxy appearance, though not in a marked degree; think she has lost a trifle in weight; complains of pain, uneasiness and constant discomfort over the whole of the epigastric region. The pain generally dull, occasionally sharp for a moment. There is loss of appetite, becomes weary after slight exertion, and does not sleep well; circulation normal, tongue clean, bowels regular; pulsation and percussion over the epigastric region negative, and do not aid the diagnosis. No tumor or abnormal enlargement of any organ was discovered, and no unusual tenderness on pressure. Ordered Quiniæ Sul., gr. ii, three times a day, as a tonic, and Potass. Bromide in \Im i doses, once in two hours, at night, if necessary to promote sleep.

Nov. 20. Patient not doing well, more feeble, food distresses her, pain and uneasiness in the epigastric region increased, inclination to vomit soon after taking food, tongue slightly coated with yellowish fur; her bowels continue regular, kidneys perform their duty well, skin dry and harsh, and cachectic appearance increased.

Physical examination of the epigastric region reveals rather more than normal fullness, with considerable resistance on pressure, and some tenderness over the whole region. For the first time the diagnosis seems clear to me—Enlargement of the liver, probably due to cancerous deposit. Directed her diet to be largely of milk with a little lime water added. Morphia Sul., to relieve pain and produce sleep. Quiniæ Sul. continued.

- Nov. 30. Dr. Morris saw her with me. During the last ten days she has been more comfortable. Slept better under the use of morphia, and her food does not distress her so much since she has taken lime water; appetite very poor, and she is losing flesh and strength. The fullness in the epigastric region considerably increased, the liver can be distinctly felt, smooth and hard; percussion flat. Dr. Morris concurs in the diagnosis. The same treatment continued.
- Dec. 8. She continues to grow weaker and lose flesh, confined to her bed much of the time, complains of the discomfort of "this fullness in the stomach." Morphia Sul. controls most of the pain; she vomits more, but says there is little or no nausea.
- Dec. 12. Weaker, confined to her bed, but can rest only when her head and shoulders are elevated to almost a sitting posture, as there is a sense of impending suffocation when her head and shoulders are low; vomiting more persistent, epigastric region filled with a hard, smooth tumor, unyielding to pressure and but slightly sensitive; it increases in size with great rapidity.
- Dec. 16. Dr. Lutkins saw the patient with me. The tumor is growing rapidly, but no change of importance in her symptoms. She retains but little nourishment, grows thinner and more feeble; morphia her only relief. Dr. L. makes no suggestions as to treatment.

Dec. 24. Died to-day.

Post-mortem appearances.—Heart and lungs not diseased. The diaphragm pressed upward, and the stomach and intestines crowded downward by an immense liver, which was loaded with cancerous deposit; when removed, it weighed twelve pounds. Kidneys normal, and no appearance of disease in the stomach or bowels.

Remarks.—The wonderfully rapid development of the disease was the chief point of interest in this case.

Nov. 4th, the tumor was not discovered, although a careful examination was made. Nov. 20th, that abnormal condition was first noticed, and death occurred little more than a month later.

CASES BY W. R. FISHER, M. D., HOBOKEN.

I. Compound dislocation of the thumb.—On the 17th of October, 1874, a young man came to my office, with a compound dislocation of his right thumb at the phalangeal joint. The injury had been received about half an hour before, while he was playing at ball, in the following manner: In

an effort to catch the ball as it came towards him from the bat of a companion, the missile struck the tip of the thumb with sufficient force to tear open the phalangeal joint on its pilmar side, and to leave the proximal phalanx projecting from the wound to the extent of half an inch. The dislocation was reduced at once without difficulty, a splint was applied upon the dorsal surface, from the wrist to the end of the thumb; the wound was drawn together by adhesive straps, and a lotion of carbolic acid (3j. ad. aq. cj.) was used as a dressing. The case progressed favorably from the start. No inflammation followed the injury. The wound cicatrized rapidly, and in two weeks was entirely well. Some stiffness remained when the splint was removed, but with use this disappeared entirely and the joint became in every way as serviceable as it was before the accident.

II. Abscess of the liver, opening into the bronchi.—On the 27th of April, 1874, I was called to see Mr. P., aged 56, who gave the following history: He had been in tolerable health, with the exception of occasional attacks of intermittent fever during the past two years, until within the last six About this time his eldest son, to whom he was devotedly attached, died of typhoid fever. Mr. P. was completely broken down by his affliction; he lost his appetite and passed the greater part of his nights without sleep, seeking all the while to find some relief from his mental distress in his business affairs. During this period he placed himself under the care of Dr. Lewis Fisher, of New York, who prescribed tonics and nerve sedatives. On the day when he sought my advice (by my brother's direction) he had been seized with violent pain in the right hypochondriac region. I found him with a pulse of 120; very nervous and Temperature 102. On physical examination there was increased pain or pressure over the affected region, but auscultation and percussion revealed nothing. A prescription of tincture of aconite root and Magendie's solution of morphia soon relieved the acute symptoms, and in the course of a few days he was about as well as he had been before the severe attack, although uneasy sensations, sometimes amounting to pain, still remained in the hypochondriac region. Tonics were prescribed during the day and sedatives at night, to produce sleep, with nourishing diet, and he was advised to go to the Cattskill Mountains for a change of air. He left on the ninth of May, and remained absent nearly a month. Upon his return, however, he did not present that amount of improvement which I had hoped and expected to find. His countenance was sallow, and bore an anxious expression; pulse natural; tongue slightly furred; digestion pretty

good, and bowels regular. Sleeplessness still continued to be a troublesome symptom, although in this respect there was considerable improvement. The region of the liver was the seat of uncomfortable sensations, as it had been ever since the violent attack of pain there for which he at first consulted me. He also complained of slight cough at times, but nothing abnormal could be discovered in the heart or lungs. There was also great depression of spirits and irascibility of temper.

After remaining at home for a few days, he again went away to the northern part of New York, where he stayed until the middle of July. Upon his return, I found that he had been losing ground, instead of improving. His complexion was now cachectic; he had lost a good deal of flesh, and was much weaker. His tongue was still furred, his appetite was poor and variable, and digestion was not well performed. There was now a decided tendency to perspire on the slightest exertion, and during sleep the perspiration was excessive. Irregular sleep still continued. Pain and discomfort about the right hypochondrium were still complained of, and the peevishness and irritability of temper had increased. The slight cough remained An examination of the urine gave no indication of about the same. disease of the kidneys. I advised him not to remain at home, but to seek some better locality, and he decided to go up to Vermont among the mountains, stopping on his way, at New London, Conn., to consult my brother, who was spending the summer there. On the morning of his departure, July 25th, he called my attention to an enlargement on his back, which his wife had noticed that morning while assisting him to dress. I found a soft tumor, about two inches in diameter, dull on percussion, and seeming to contain fluid; situated posteriorly between the ninth and tenth ribs on the right side. I suspected this to be a collection of pus, having the liver for its starting point, but made no further examination, as the patient was about to start on his journey. At New London he was examined by Drs. Lewis Fisher and Lewis A. Sayre of New York, and Dr. A. W. Nelson of New London. An exploring needle revealed the existence of pus in the tumor, and it was freely incised. He ran down rapidly after this, all his former symptoms becoming aggravated; and as soon as he was again in condition to travel, he was sent to Vermont, in the hope that a bracing mountain air might assist in sustaining his rapidly wasting powers. Soon after his arrival there, during an attack of coughing, a great quantity of pus was expectorated; after this the discharge from the external opening diminished in quantity. No improvement took place, notwithstanding the energetic treatment of his physician. On the 23d of September he returned

home again. Physical examination of the chest showed that the external wound was nearly closed. The right lung was dull on percussion, up to the inferior angle of the scapula, and the left to about half that distance. Moist râles were heard in both over the dull regions. Hectic fever was pronounced. There was great emaciation of the whole body, and the legs were cedematous. Diarrhoea was present, and occasional vomiting. There was no jaundice.

He sank rapidly, and died on the 2d of October, from exhaustion.

Paraplegia coincident with parturition.—On the evening of November 25th, 1874, Mrs. D., the mother of several children, and at that time in the eighth month of pregnancy, sent for me to visit her. lately been under the care of Dr. Julian, on account of peculiar sensations of numbness in the limbs, sluggishness of circulation and neuralgic pains which she had experienced more or less since the fourth month of pregnancy. and which had become worse as that condition had advanced. During the preceding days she had suffered intense pain, neuralgic in character, down the right arm and on the right side of the neck and head posteriorly. Various means had been tried for its relief, and the skin over the right shoulder was blistered severely from the mustard plasters which had been there applied. When I saw her these pains were not so severe as they were reported to have been, but she was in great distress from pain which had come on suddenly in the right side of the chest above the mamma. The pulse was 90; the face was injected and somewhat cyanotic, and the skin of the whole surface of the body gave indications of venous congestion. Morphia was administered internally, and an anodyne liniment was prescribed for external use. At four o'clock in the morning of the following day, I was again summoned and found the patient suffering more severely than before. The pulse was now 100, and she complained of great numbness in the legs. Vomiting had also occurred. Morphine and bismuth was prescribed, a sixth of a grain of the former with two grains of the latter being ordered to be given every hour, until relieved. A camphor poultice was applied to the chest. At six o'clock she seemed to be easier, and I went away. At ten o'clock I found her somewhat easier as to the pain in the chest, but she was now completely paralyzed from the waist downward, both as regards sensation and motion. This was discovered shortly after I left her at six o'clock. In attempting to go from her chair to the bed, she found that she had no control of her legs, and her husband was obliged to carry her there. As Dr. Julian was expected to take charge of the case, I did nothing further,

promising to return at mid-day. When I entered the room, upon my return, the husband informed me that a great deal of water had come away from her about half-past ten. A vaginal examination was made, and I found that labor was progressing, the os having opened to about the size of a silver dollar, and the head presenting. The fœtal heart was distinctly audible. The patient was entirely unconscious of the progress of parturition, having no labor pains whatever. The contractions of the uterus could be felt by the hand placed on the abdomen, and the dilation of the os, and the advance of the head could be ascertained by the finger in the vagina, but otherwise no one would have suspected that the lady was in labor. Dr. Julian arrived about half-past two, and took charge of the case. Labor terminated at four o'clock in the afternoon, with the birth of a stillborn female child.

The subsequent care of the patient was assumed by Dr. Julian. Dr. Chabert of Hoboken, Dr. Alonzo Clark of New York, and myself saw her at different times. There seemed to be some slight improvement for the first two days after delivery, but she rapidly grew worse after that and died, with the usual symptoms of acute myelitis, on the seventh day of December—eleven days after the paraplegia was developed.

ANEURISM OF AORTA. By H. MITCHELL, M. D.

John Reid, age 50, began to complain in June, 1873, of pain and throbbing within the abdomen. He had suffered from an attack of pleurisy a few months before, but with that exception his health had previously been good.

Soon after the beginning of the abdominal pain and distress, he was admitted into the surgical ward of St. Francis' Hospital, and then came under the care of Dr. J. D. McGill, who administered bromide of potassium, etc., and finally diagnosed health.

After leaving the hospital, the patient applied to several physicians, and his disorder was variously diagnosed to be "a tumor," etc., etc. At last he came under the care of Dr. J. F. Morgan, as a city patient. Upon examination, Dr. Morgan found a pulsating tumor within the abdomen, the most distinct pulsations being felt in the median line, in the lower epigastric region. But the umbilical region appeared to contain the mass from which the sensation was propagated. The feet and legs were considerably lower in temperature, and this symptom was steadily becoming more prominent.

During the month of July, 1874, acute pain of a paroxysmal and lancinating character, located slightly to the left of the spinal column, in the small of the back, made its appearance; this pain was entirely new, and caused the patient intolerable agony, shooting through the abdomen and up and down the back. The appetite was variable throughout the trouble; often it was good, sometimes there was none at all; bowels constipated. There was progressive emaciation from the commencement of the disease; marked puffiness of the face.

Opium, Chloral, Bromid. Potass., etc., were successively tried to allay pain, but without any material effect. Chlorodyn was found to be more useful, and was mainly depended upon for the purpose. Doses of one teaspoonful (of the antidote prepared by Hegeman & Co., of New York,) being administered, producing relief from pain, and at times producing sleep.

During the later months of life, the skin assumed a lemon color, gradually deepening in shade.

Death occurred from asthenia, October, 1874.

Post mortem examination revealed the following pathological condition: At the point just above the division of the abdominal aorta into the two iliac arteries, was found an enlargement of the abdominal aorta, with a transverse diameter of about 3 inches. The tissues about the tumor were firmly adherent, rendering necessary much force and some cutting to separate the mass from its position. An incision into this tumor showed it to be a true aneurism of the aorta, nearly if not quite occluding the vessel. Directly under the middle of the aneurism was found a necrosed condition of the body of the third lumbar vertebra, the necrosis extending over the whole anterior surface of the bone, and having attacked the bodies of the adjoining vertebra. The heart was found to be somewhat enlarged, and there were several points of bony deposit upon the aortic valves with attending valvular insufficiency at the exit.

POLYPUS OF THE UTERUS—NATURE AS A SURGEON.

By J. T. CRAIG, M. D.

On the 11th of February, 1869, I was summoned in haste to attend Mrs. Sarah G., aged forty years, who was in labor with her fifth child. Upon arriving, I found that labor had progressed rapidly, and the child, a female, was born about fifteen minutes before I arrived. The placenta had likewise

come away a few minutes after the birth of the child. I tied the funis and cut the cord, and after directing my attention to the mother, found a large tumor protruding from the vulva. It was about as large as the child's head, and I was at a loss to make up my mind what it could be. I sent for Dr. Lutkins of this city, to see the case with me.

The tumor appeared at first inspection, as a case of inversion and prosidentia of the uterus, but, on closer examination, made out its true character. The womb was small and well contracted, and low down in the pelvic cavity. The tumor, a large polypus, was attached to the neck of the uterus, and its pedicle was about an inch in diameter. We returned the tumor into the vagina, with the intention of toning up the patient, who was frail, and in the hope of operating in a few weeks by ligation.

In introducing the tumor it had turned, thereby, twisting the pedicle and arresting the supply of blood. At the expiration of six weeks the pedicle sloughed, and the patient in the act of defecation had dropped it in the water closet. Nature, thereby, cheated us out of our anticipated operation. The patient is still living in this city, and in the enjoyment of her usual health.

JERSEY CITY, May 4, 1875.

HOSPITAL CASE.

By J. B. BURDETT, M. D.

Edward Dorrington, æt. twenty-four years, native of England, a printer, admitted to Hudson County Hospital, Feb. 10th, 1874.

He complained of more or less pain and diarrhoea for a year previous to admission, which prevented him from following his usual vocation.

On admission there was excessive pain over abdomen, not increased on pressure, and obstinate diarrhoa, there being from six to twelve passages during the twenty-four hours. Following each of these, rectal growths protruded, having the appearance of large fungoids. These growths were reduced with much difficulty; a number of them were removed at different times by nitric acid, and also by ligature. The protrusion gradually diminished in size until within a short time before death, when it ceased entirely.

The urine was never examined, as there were never any symptoms pointing to trouble in the kidneys. Acute tuberculosis was developed about three months previous to patient's death. The diarrhees continued till death.

During the eleven months the patient was in Hospital he fell under the care of the following named gentlemen: Drs. Buffett, Noble, Forman, Carpenter, Hunt, Reeve, Fisher, and myself.

Treatment varied, without any permanent beneficial result. Patient stated that his father died of a similar complaint.

Sectio Cadaveris.—Thirty six hours after death in presence of Drs. Forman, Morris, Hunt and Fisher, assisted by Dr. J. Q. Bird; body extremely emaciated. Both lungs were found firmly adherent to chest walls. The adhesions were dense, and of a white color.

There were several cavities throughout the lungs, of variable size, one being as large as a small orange. Some of these were distended, with a brown dirty looking fluid, of the consistence of cream, and having an intense gangrenous odor; others contained a fluid having the appearance and consistence of pus.

The lungs in various portions were studded with small indurated nodules, about the size of a pea. In the upper portion of the left lung these nodules seemed to coalesce and form a mass as large as an orange. Heart normal.

Peritoneal membrane everywhere healthy; the stomach felt indurated towards its pyloric end, and on being cut into, it was found somewhat constricted and thickened near the pyloric orifice. The rest of the stomach and small intestines were healthy.

The rectum colon, and cæcum were involved with these fungoid excrescences, hanging by pedicles in close proximity, like miniature bunches of grapes, and of a dark color. The rectum and lower portion of colon were much thickened by fibrinous deposit, and considerably constricted. Sub-peritoneal vessels over promontory of sacrum congested and dilated.

Right kidney was found impacted with calculi in two distinct sacs; the substance of kidney absorbed to make room for them. One sac continuous with ureter contained one large calculus of an irregular triangular form, the small end of which laid over the uretal opening like a button, preventing the urine from escaping, there being about an ounce in the sac. The other sac contained a large number of calculi packed together as we see them in the gall bladder. The lining walls of these sacs were fibrous and smooth, and in spots transparent. Left kidney healthy.

TUMOR AT BASE OF BRAIN, AND ITS RESULTS. BY JAS. T. CRAIG, M. D.

Mrs. W., aged thirty-four years, married, has been the mother of two children. Has been in delicate health for the past three years, complaining



of severe headache, general debility, etc., with complexion of a yellowish hue and a waxy cast. With a view of improving her condition, prescribed at different times, tonics, iron, quinine, strychnine, etc., without much permanent benefit. In the summer of '74 advised her to go to the country, with the expectation that change of air and scenery would benefit her.

While there she was still sick, and attended by a physician without any marked improvement; all his efforts were of no avail, as she steadily lost strength and vision; for the nine months previous to her death, she was totally blind.

She returned to this city and was for several months under the care of a homeopathist, without benefit; his services were dispensed with. On the 8d of December, '74, she finally came into my care again. I then found her complaining of terrific pain throughout her head; referred more particularly to the base of the brain. The pain was so severe and continuous that she could not sleep. My impression was that she had a tumor at base of brain, pressing on the optic thalamus, thereby causing blindness. I so stated to the family and advised them to call on Dr. Agnew, of New York city, and get his opinion. The Doctor kindly sent me a note expressing the same be. lief, of which the following is a copy:

New York, Dec. 9th, 1874.

Dear Doctor:

Mrs. W. has double neuro-retinitis. The optic nerve discs are stuffed and the retinal fundi are flecked with hemorrhage and patches of inflammatory exudation. In the absence of any sign of kidney or heart disease we are by exclusion driven to regard her case as one of neuritis descendens consequent upon basilar disease, probably tumor. I would put her upon free and increasing doses of Potass. Iodide and Potass. Bromide, say beginning with Pot. Iod. gr. v. and Potass. Bromid. gr. x. and gradually increase until the full effects of the drugs shall have been reached. I would like to see her again should you think I can serve her. Watch the kidneys. Yours Sincerely,
C. R. AGNEW.

I prescribed as suggested by Dr. Agnew: Bromide and Iodide of Potassium, with excellent effects, subduing the pain in her head and promoting sleep. She had a great many convulsions while blind, and died on the 12th of April, 1875. The relatives granted a post mortem examination, the day after her death, in which I was assisted by Dr. Henry Mitchell, of this city.

We found, on examining the brain, a tumor on the left hemisphere of the cerebellum about the size of a walnut. The brain tissue was softened and changed in character around the seat of the tumor.

The tumor, in my opinion, was sufficient to account for the terrific pain in head, blindness, convulsions and death.

JERSEY CITY, MAY 4, 1875.

HUNTERDON COUNTY.

To Chairman of Standing Committee, &c.:

This county, from the first of May, 1874, to the first of January, 1875, was comparatively free from epidemics. The diseases peculiar to the district made their appearance, at their accustomed time, but were generally mild in type. As the severity of January drew on, sickness became more general and more severe. During the months of January, February and March, diseases of inflammatory character prevailed almost to an unparalleled extent—especially in the southern districts. But vernal breezes have fanned us into good health, and our medical men are enjoying a rest, which from the long and constant exposure to the vicissitudes of the severe winter, they very much need, and kindly appreciate.

Notwithstanding the general freedom from epidemics, during the earlier months of 1874, there were a few circumscribed districts in which they prevailed; and one of these which especially deserves note, is the Redshale Valley. Here, during the months of March, April, May and June, many were attacked with an affection located in the medulla oblongata. All the cases that I saw, and the number was about 40, were adults. Usually, those affected complained of debility, irregular appetite, difficulty in respiration, cough, expectoration, diaphoresis, vertigo and difficulty of intellection. Among the sufferers were many pregnant women, in fact, more than half of the cases that came to my notice were of this order, and the manifestations were so singular, that I am inclined to detail a few cases in order that the malady may be the better understood.

Several of the cases terminated in death. These, with

two exceptions, were dissected in order to reveal the seat and nature of the lesion.

Dr. M. Abel, of Quakertown, says: "With me, during the past summer and fall, there was little sickness; the diseases being mild and of short duration. Measles have occurred during the year; but cases were most numerous during January. In the month of December sickness began to increase, and its type became more grave. Pneumonia and kindred complaints have prevailed through the winter and till now. During December the type was sthenic, and patients did well under calomel, venesection, antimony, veratrum viride, &c. But from that time forward, the type has been lower, so much so, as to require a supporting treatment.

Scarlet fever prevailed during the months of January, February and March. In most cases the type was mild.

Diphtheria, generally of a mild form, prevailed more or less through the fall and winter. In many cases convalesence was much protracted, and often as a sequela there occurred paralysis of one or more nerves."

(It should be borne in mind that Dr. Abel's practice is confined to the most elevated part of Hunterdon county.)

- A. S. Pittinger, of Clover Hill, reports the favorable results of Nitrate of Amyl in Asthma; also the favorable action of Ice in a case of Prostatitis.
- Dr. C. M. Lee, of Ringoes, says: "At this place, from January to April, the amount of sickness has been almost unparalleled. Scarlatina and Diphtheria have visited a large majority of the families; and Pneumonia and kindred affections have prevailed generally. Rheumatism has been very common, and there have been not a few cases of Typhoid fever."

Dr. Armitage, of Woodville, reports the prevalence of Scarlatina, of a grave type, during the winter.

The papers communicated by Dr. A. Shannon, of Stanton, and of your Reporter, detailing cases of special interest, I append entire.

C. W. LARISON, Reporter.

RINGOES, May, 1875.

CASE OF DIABETES MELLITUS.

By Dr. Shannon.

Aug. 1st, 1874, I was called to see Mrs. K., aged 35 years. She was suffering from a general febrile movement, malaise, a parched mouth and thirst, pain in the back, cold extremities and swollen gums, increasing debility and a rapid diminution in weight. Her appetite was good; but her bowels were inclined to constipation. Supposing diabetes, a specimen of her urine was obtained, and upon testing, the specific gravity was found to be 1030, while the quantity daily voided amounted to 18 pts. Tromer's test revealed the presence of sugar, but no albumen was found.

The treatment consists of Dover's Powders at night, and diet of meat. At present she passes from 7 to 8 pts. of urine, whose specific gravity is 1022. Her general health seems to be improving.

Cases of Affection of the Medulla Oblongata.

By Dr. C. W. LARISON.

CASE I. Mrs. J. R., aged 35 years, in the eight month of her pregnancy, on the morning of March 1st, complained of difficulty of respiration, with severe pain in the thoracic cavity. She soon became delirious, and very much prostrated. On physical exploration, the lungs were found congested. The pulse ranged from 100 to 105. The skin was relaxed, and she perspired freely. The stomach was irritable, and the bowels constipated.

A saline purge was prescribed, to be followed with citrate of quinia and iron in wine. A sinapism was applied to the thorax and to the extremities.

The following day she seemed less delirious; but with this exception, she seemed better in no particular. On exploration, tenderness was discovered in the cervical region, and particularly at the cervico-occipital articulation.

This was treated with a counter-irritant. The wine with the quinia and

iron were continued. At ten P. M. the patient seemed for a few moments somewhat anxious, then shrieked out with pain, such as attend parturient women. Before the attendants could call the husband from an adjoining room, they were startled by the cries of a new-born infant. In a few minutes she suffered another severe pain, at the expiration of which the placenta was found clear of the vulva. Very little hemorrhage attended the parturition. The child died on the following day.

The treatment was continued. On the third day the lungs seemed less congested, there was less tenderness in the cervical region, there was less deliriousness, and the pulse ranged from 95 to 100. No change in treatment.

On the fifth day there was profuse expectoration of mucous, free perspiration, and much delirium. Treatment not changed, except in advising—

> R. Cream, Zviii. Eggs, vi.

Beat well together and freeze as in making ice cream. S. Tablespoonful every hour.

Sixth day, she was much the same as she had been the day previous. No change in treatment.

Seventh day, less expectoration, less perspiration, no delirium. No change in treatment.

Ninth day, convalescent, and asked for some soup, which was granted.

Tenth day, improving, and began to be concerned in domestic affairs, inquired into the nature of her illness, how long she had been ill, and the like.

From this time forward, her convalescence was rapid, and now her health is as good as usual.

Case II. Mrs. K. E., aged 82, who had suffered from uterine cancer for nine years, but who for a few months past had seemed rather better than usual, was seized with severe pain in the thoracic and abdominal regions, upon the 1st of April, 1874. In a few hours she became delirious, very much prostrated, with a great deal of difficulty in respiration. The lungs were somewhat congested, and there was tenderness about the cervico-occipital articulation. In a few hours she became comatose, and in the course of 36 hours more she was a corpse.

An autopsy revealed softening of the ganglionic portion of the medulla oblongata, a congested condition of the lungs, and softening of the lungs, heart, stomach, liver, spleen, pancreas and contiguous viscera.

CASE III. Mr. C. H., aged 54, on the 1st of April, complained of loss of appetite, a feeling of weight in the head, debility, vertigo, dyspnæa, stupidity and constipation. He was advised to take a saline cathartic, quinia and iron, and a generous diet. Upon the 10th of April, he was confined to his bed, and in addition to the above named symptoms, there appeared tenderness in cervical region, perspiration, delirium, a slight cough with mucoid expectoration. His treatment was tonic. Upon the 13th he died.

An autopsy revealed softening of the ganglionic portion of the medulla oblongata, congestion of the cerebellum and pons varolii, congestion and softening of the lungs, liver, heart, stomach.

Case IV. Mrs. E. H., aged 33 years, the mother of three children, in the 7th month of pregnancy. Upon the 5th of April, was seized with severe pain in the thoracic and abdominal regions.

In a few hours respiration became difficult, the stomach irritable, the skin relaxed and the mind wandering. The cervico-occipital region was sensitive to pressure. Large doses of anodynes were required to allay the pain, and tonics were given to support the lagging system.

During the second day, the symptoms were about the same; during the 3d and 4th days, she was comatose. Upon the morning of the 5thday, she seemed somewhat brightened, asked a few questions; suddenly complained of pain in the pelvic region, and in less than two minutes the fœtus secundines and all were clear of the vulva. Very little hemorrhage attended the parturition, and for 12 hours she seemed better. But at the end of 18 hours she was again comatose, and 24 hours later she was a corpse.

No post mortem examination was made.

Case V. Mrs. L. H., aged 30 years, the mother of three children, in the 9th month of pregnancy. Upon the 8th of May, complained of severe pain in the lungs, difficulty of respiration, tenderness in the base of the head, a slight cough and an irritable stomach. She was advised to take Tr. Ferri Chlorid., Quinia and gin. The dyspnæa was such that she was obliged to be kept in a semi-erect position. Upon the 9th, was no better; at midnight she fell asleep, but was soon awakened with severe pain in the uterine region, and before an assistant could come from an adjoining room, the cries of the new-born child were heard. Five minutes later the placenta was expelled. There was very little loss of blood. The child weighed 8½ lbs., and was well formed.

Upon the 11th, she was very feeble, respirations, 22 a minute, pulse 105 to 115, could not lie down, was delirious and sometimes unconscious. Gin, quinia, frozen eggs and cream constituted the treatment. Upon the 25th of May she began to improve, and finally recovered.

Case VI. Mrs. R. W., aged 42, the mother of 5 children, pregnant 6 mos. Upon the 24th of May, was seized with severe pain in the thoracic and abdominal regions. She was delirious at times, and complained very much of the base of her head. There was tenderness in the cervical region, a slight congestion of the lungs, and some difficulty in breathing. Her pulse was 115 per minute. On the evening of the 25th, she had a few severe pains in the uterus, and the fœtus was expelled. She was put upon a tonic treatment, but she continued delirious, and expired May 30th.

The autopsy revealed softening of the medulia oblongata, congestion of the cerebellum and pons, varolii, and a softening of the lungs, heart, liver, stomach, pancreas and spleen. So similar to the above cases were all that I saw, that further particularizing seems unnecessary.

I should not fail to observe that in every case (so far as I can learn) in which the patient was a pregnant woman, no matter how long she had been so, parturition was sure to follow in a very few days; and I believe I have heard of but one individual in which it did not occur within six days. A feature worthy of note, attending parturition in these cases, is the shortness of its duration. In several cases we were told that there was but one pain, and without no premonitory symptoms. Generally there was little loss of blood, and no tendency to metritis. The patients, however, were slow to convalence, and required tonics for a long time.

In males this disease resulted (so far as I can learn) in death but twice. It was generally attended with a copious expectoration, and a slight cough. The number of cases that fell to the charge of Dr. C. M. Lee and myself, was over 40. Of these, the number of deaths is 6.

As to the nature of this ailment, we believe the softening of the ganglion of the medulla oblongata was the starting point. As this ganglion was out of repair, the organs to which the par vagum is distributed did not receive the required amount of nervous force to keep them in a normal condition. Retrograde metamorphoses ensued, and softening of these viscera was the result. The congestion of the lungs was doubtless the result of the enfeebled condition of the heart, and the relaxed condition of the muscular fibres of the pulmonary capillaries.

The expectoration may have been the result of the relaxed condition of the mucous membrane of the air-passages; the aqueous portion of the blood cozing through the debilitated tissues, as water does through ordinary woolen or cotton fabrics. This view is corroborated by the facts that the amount of expectorated material had a very low specific gravity, was never tinged with blood, never exhibited evidences of purulency, and was enormously increased in quantity as soon as the patient fell asleep.

The tendency of the womb to rid itself of its contents may be accounted for upon the principle, that when the system is about to undergo such reparation as is likely to require all the nervous force and vital energy that can be generated to accomplish it, it throws off everything that draws upon it for support, and imperils its safety; very much as a ship at sea, when about to encounter a storm such as renders it doubtful whether all will not be lost, rids herself every part of her burthen that can be spared, in order that she may the better contend with the inhospitable elements, and save herself from wreck.

MERCER COUNTY.

To Chairman of Standing Committee, &c.:

The medical history of Mercer County for the past, year presents nothing remarkable. The diseases which we have been accustomed to meet with annually, for many years, have presented themselves as usual. During the first half of the year 1874, the general health was above the average of the previous years, and deaths were rare; but the low temperature of the winter has greatly lengthened the mortuary list. In the spring and autumn, malarial fevers were encountered in some localities, but developed no new features. Measles, Scarlet Fever and Whooping Cough were prevalent the greater part of the year, but at no time to an alarming degree. Epidemic Diphtheria prevailed in the eastern portion of the county, from November to April. According to the testimony of the neighboring physicians, in the vicinity of Hightstown alone there occurred more

than one hundred cases. It is not improbable, however, that membranous erythema was frequently mistaken for true diphtheria, as these two diseases were prevalent at the same season of the year, and sometimes co-existed in the same family. In the severest forms the disease was ushered in by a chill, fever, nausea, vomiting, headache followed by delirium, and sometimes there appeared a slight erythematous eruption on the neck and breast. Recovery usually was rapid and complete; but in my own practice three cases were followed by anasarca, and one by paralysis of the muscles of palate, pharynx and extremities. were a few deaths, due in every instance to the supervention of croup. The diagnosis between laryngeal diphtheria and membranous croup is a question of great interest. J. L. Bodine, of Trenton, remarks that "the two diseases are practically undistinguishable." When the diphtheritic process is first developed, in places which are not immediately accessible to the eye of the physician, or, as in the case observed last year by Dr. Ribble, of Trenton, the exudation first appears on the tonsils, and on extending to the larvnx leaves its primal seat; if seen then for the first time the diagnosis becomes extremely difficult. If the history of the case, the general symptoms, the state of the urine and cervical glands, together with the non-contagiousness of inflammatory croup, fail to give the correct clue, all other diagnostic points are of doubtful reliability. treatment in the main, consisted of chlorate of potassa and the tincture of the chloride of iron, locally and constitutionally.

From all portions of the county the report is brought, that in consequence of the cold and protracted winter, sudden and unexpected deaths have been of great frequency. Dr. Bodine writes that "a good many deaths have ensued after sickness of short duration, and this has been espe-

cially noticeable in persons of feeble and impaired vitality." Dr. Ribble writes: "Persons enfeebled by disease, the old, and particularly the victims of alcoholic poisoning, secret tipplers or open drunkards, were among the first who fell, and great has been the harvest of the reaper from these classes." As these gentlemen say, so say they all.

Pneumonia has prevailed during the whole of the winter and spring, to an unusual extent, and the mortality from this cause in the aged and infirm was much above the aver-In a family of eight persons, all stricken down with this disease, the aged grand-parents died, while the children and grand-children recovered. So, also, those already sick with other diseases, would frequently succumb to intercurrent pneumonia. In these days, when the "lost art" of blood-letting is again coming into favor, it must not be forgotten that our therapeutics is wholly dependent on the condition of the patient. To open a vein in sthenic pneumonia, where the patient is strong and robust, is all very well, but do not such patients usually recover under any treatment? Pneumonia in the aged and those already sick is quite another matter. In these cases, blisters, tonics, and a nutritious diet produce the best results.

Erysipelas has also been quite prevalent in the city of Trenton, and Dr. Ribble charges an unusual amount of sickness to the use of impure water. As a consequent of the protracted cold of the past winter, filth accumulated in large quantity, and in the spring was washed into the streams, wells and cisterns, rendering the water extremely unwholesome. He has met with numerous cases of dysentery and diarrhæa, in the months of February and March, which were quite obstinate to treatment. The Doctor's letter closed with a few pertinent remarks on rum drinking, and justly censures those respectable citizens who sign recommendations for persons

to engage in the business of destroying the health and life of their neighbors.

The following case from Dr. Bodine may have some interest, as illustrating the co-existence of measles and whooping-cough. A child, five or six years old, having had whooping-cough for about a month had a pretty severe attack of measles. The whooping-cough was not modified in any way by the measles, and the latter disease had almost entirely run its course, when from imprudent exposure there was a return of fever, the rash re-appeared, bright in color, and the case went on to its termination in death.

In my own experience, I may mention a case of Tetanus, in a lad of sixteen years of age, following on a cut by an axe in the instep. The hemorrhage from the divided artery was copious and produced marked prostration. Tetanic symptoms appeared on the fifteenth day, and increased so that by the twenty-first day his life was despaired of, but subsequent improvement took place and restoration ensued in the course of a month. Dr. Lloyd Wilbur, of Hightstown, was associated with me in the management of the case. We gave him morphia, iron and alcohol.

In another case, a maiden lady beyond the age of fifty, was inoculated with syphilis by repeatedly kissing her nephew, who had the disease in its secondary form. The lady's position and habits render this history almost certain. She had adopted the nephew in his infancy, brought him up as her son, and, of course, spoiled him. The only way in which he requited her care and love for him, was by repeated daily osculations, and in this way she contracted this most loathsome disease. The primary sore was on her lip, and being for months under the care of a homeopathic physician, little or nothing was accomplished toward her restoration. When I saw her for the first time, her head,

face and limbs were covered with pustular syphilides; deep ulcerations had denuded the muscles of her legs; a ragged excavation had substituted the prominence of the chin, and the forehead was copiously bedecked with crowns, more piercing than the "crown of the thorns." Examination of the throat revealed a portion of the soft palate sloughed away, and Iritis had destroyed the sight of the right eye. Her condition was indeed pitiable, and one physician-a specialist of venerial diseases—pronounced it the worst case of the kind he had ever seen. Six months of active treatment has only effected partial restoration; unsightly scars disfigure her person, the pupil of the diseased eye remains contracted, and her general health is seriously impaired.

CHARLES F. DESHLER, Reporter.

HIGHTSTOWN, May 15th, 1875.

MIDDLESEX COUNTY.

To Chairman of Standing Committee, &c.:

The sanitary condition of Middlesex county has been unusually good during the past year. Seldom has a year passed that has been so free from epidemics and endemics.

The diseases we have met with have mostly been those incident to the different seasons, and they have generally been of a mild form. During the spring and early summer of 1874, pertussis prevailed throughout the county, and it is the only disease that has prevailed epidemically during the year. Enteric diseases, to a more limited extent than usual, prevailed during the Summer, and were, as a rule, milder than in previous years. A few cases of Cholera Infantum, however, were of a severe type, as the reporter, in his own family experience, has reason to remember; his

own child, 18 months old, having been suffering for several weeks with a severe attack of Pertussis, was suddenly seized with Cholera Infantum; treatment had little effect on either disease until the child was removed to the White Mountain region, where, after a short time, (as with Cholera Infantum the previous year) the reporter thankfully records, he fully recovered. Several cases were fatal; most of the severe cases, however, where a change of air, to the sea shore or to the mountainous regions was early resorted to, recovered.

During the Fall, Winter and early Spring, Capillary Bronchitis, Tonsillitis, Pneumonia, and other kindred affections of the respiratory organs, prevailed, which generally yielded to proper treatment.

The Reporter, during the months of February and March, met with several cases of Pneumonia among children; two severe cases with cerebral complications, aged 1½ and 2½ years, which, though contrary to his expectations, terminated favorably under treatment with tart. antim., etc. He has also seen more cases than usual of cerebral and spinal affections, spinal irritation, spinal and cerebral hyperæmia, etc., some of which have recovered, while others have been intractable and will probably terminate fatally. Several cases of Apoplexy occurred during March and April, resulting in death.

As has been observed for some years past, nervous disorders, organic and functional, are more frequently met with than in previous years. A few cases of Diphtheria have occurred in different parts of our county during the year, which have mostly resisted treatment, death ensuing within a few days.

The members of our County Society have felt a deep sympathy for our brother practitioner, Dr. H. R. Baldwin, whose family this disease has visited with sad results; two out of three of his children attacked died, one in about two days, the other in about a week.

Dr. Treganowan, of South Amboy, reports several cases of Remittent and Intermittent Fever and a few of Typhoid, but far less in number than usual. (The same may be said of the county generally.) Dr. Slack, of Dayton, reports numerous cases of ulcerated sore-throat, one case of Diphtheria, fatal in 24 hours; Pertussis epidemic; also a few cases of Remittent and Intermittent Fever, the latter being the first cases he has ever known to occur in Dayton.

Dr. Hunt, of Metuchen, reports a few cases of Diphtheria, Follicular Stomatitis, Quinsy and Pneumonia. The Doctor also sent me an interesting paper, which I enclose with this report, on the case of Dr. Moses Pierson, who died at Metuchen, in July last, and who, though he had practiced but a short time in our county, had, by his professional ability and personal qualities, become highly esteemed.

I also enclose a paper kindly furnished by Dr. Baldwin, giving an account of an important surgical operation, (the removal of an ovarian tumor) performed in this city by Dr. Atlee, of Philadelphia.

Dr. Slack, in his report, says: "We have had a larger number of births than usual," and we believe the same has been observed in other parts of our county. We have had several cases of "twins" in this city, and it is reported that one of our citizens has recently become the joyful parent of "triplets," all doing well, and still it is said these are "hard times."

D. C. ENGLISH, Reporter.

NEW BRUNSWICK, May 15th, 1875.

CASE OF HEMIPLEGIA.

BY E. M. HUNT, M. D.

Dr. Moses Pierson, aged about 50 years, began in the fall of 1873 to show signs of failing health. He had been reared on a farm, was naturally of robust constitution, and with the exception of a severe attack of inflammatory rheumatism, some ten years since, had never been laid aside by sick-He had practiced his profession actively in New York State, had for a time retired to a farm in New Jersey, and worked hard. Soon tiring of this, he resumed practice at Metuchen, N. J. While on a farm he suffered from intermittent fever, and used quinine freely, both as prophylactic and curative, for two summers. Soon after re-commencing practice, he began to be troubled with headache, which was especially severe after night exposure. He also had hemorrhoids and constipation; notwithstanding he gained in flesh, and, while not appearing over robust, weighed one hundred and seventy pounds. His habits were good, except, perhaps, an excessive use of tobacco. In the summer of 1873 his headaches increased in severity. Once or twice, when suffering severely, he showed slight thickness of speech, and complained of numbness of one side. In October and November, besides the headache, he had frequent nausea and attacks of vomiting; although continuing in practice he lost flesh, and by December his weight had fallen to 130 pounds. He had consulted no physician, but regarding his headache as miasmatic, took large daily doses of quinine. Riding now seemed to have an effect like sea-sickness, and he went to northern New York for rest. The nausea and vomiting had of late recurred frequently in connection with severe attacks of headache. After leaving home he seemed for a few days to improve, and had but two or three attacks. One day, in writing, he says "I have to-day made a business of vomiting." He rejected mostly only a catarrhal mucous.

About two weeks after leaving home, while seated one evening in a heated and crowded public room, he found himself unable to rise without assistance. He was helped to a house near at hand, and at once showed Hemiplegia of the left side. The leg was movable; the speech thickened, but not suspended; the arm immovable. The headache continued and constipation increased. His treatment, so far as I can ascertain, consisted of careful diet, the use of sedatives to procure sleep, and the administration of arsenic and nux vomica in small doses. There was no albumen in the urine. He soon improved so as partially to use the leg, but was not able to raise his arm. The eye, from the first, was but little affected, and he could soon read without blur. In six

weeks he so far recovered as to return home, being able to walk with help, and to raise the arm a little. Soon after, he had renewal of headache and vomiting, with some difficulty of deglutition. At this time he consulted me, but it was difficult to carry out with him a line of treatment, as he hoped to recover without much medicine. For six weeks he alternated between days of comparative comfort, on which he would walk about and use the hand a little, and others in which there would be increase of vomiting and paralysis.

He now concluded that he needed direct medical attention. After consultation with Brown-Sequard, I placed him upon doses of strychnia to the amount of 1-24th of a grain, three times per day, with a view cautiously of obtaining its physiological effect, and used ice bags to the nape of the After about two weeks, he had an attack of pleuro-pneumonia, which was severe. During the attack he was also seen by Dr. R. H. Baldwin, Dr. Norton and Dr. Andrus. His treatment was tonic and expectant. After the lung trouble had subsided he seemed better than before, although he had gradually improved under the free use of the strychnia. He had better sleep, absence of nausea, better command both of leg and arm, and improved in flesh and strength. He was so confident of improvement and so suspicious that the strychnia had something to do with his pleuritic attack, that we could not prevail upon him to use it in proper doses. Dr. Norton and myself, who had the chief care of him, felt this to be a great mistake. After about six weeks, there was return of nausea, increase of paralysis, and he again returned to his bed. From this time on there was gradual sinking, with occasional attacks of difficult deglutition. The heart-throb was stronger than it should be, in proportion to the tension of the arteries. gradually sank, and falling into a semi-delirious state for four days, died June 13th, 1875.

Post-mortem examination, as made in presence of Drs. Norton, Hunt, Andrus and Daly, June 14th, revealed the following conditions:

The coverings of the brain were healthy. The left ventricle of usual size; the right distended with fluid to the amount of \mathfrak{F} ii, and its walls of a thickened yellowish hue. The brain substance around it was softer than natural, The arteries of the brain had specks through them quite abundantly, which, on opening, even the smaller ones could be removed and seemed to be fibrin. No atheromatous deposit was found here or at the heart. There was nothing unusual at the base of the brain, except a congested condition. The right pleura was adherent to the lung throughout its entire surface, so that the lung, although not much diseased, was suspended from use by constriction. This helped to account for his unceasing dyspnea, although it was in

part spasmodic. The heart was a little larger than normal, but the valves were healthy. There were two or three wedge shaped masses of white color and firm consistence in the heart, one of them as large as a small hazel nut. This had the "appearance of a sac with puriloid contents," and fully accorded with the description given of such fibrinous deposits by Neyemeyer. In this case they were probably anti-mortem, from long enfeebled heart action. The specks scattered through the kindeys were of the same character. The spleen was congested and enlarged. The right kidney was normal, but the left about $\frac{1}{2}$ lb. more than usual size. The infundibula and pelvis were much replaced by fat.

The proximate cause of death was, no doubt, the condition found in the right ventricle of the brain. An inflammation had there been set up, and effusion resulted. The brain substance adjacent had softened and degenerated.

The exciting cause of the disease is involved in some doubt. uted it to miasm; others to a sun exposure which he felt some two years previous; others to a sudden jerk from a horse, by which he was lifted from his feet and fell. He was at the time dizzy and pale, and raised a teaspoonful of blood, but had no nausea. His headache seemed afterward to increase. The whole case had marked and unusual characteristics. I have seldom seen a case of Hemiplegia that made such marked progress toward recovery as did this, while he took the strychnia in doses designed to obtain slight toxic effect. There must have been at one time partial absorbtion of the fluid in the ventricle. He was not only able to walk with comfort, but the hand and arm improved, and there was favorable change in general appearance. The case indeed seemed curable, and I believe an amelioration of symptoms would have continued if only treatment could have been persevered with. There was enough typical in the case to lead me always to feel that in many cases of paralysis there is more hope of recovery than is generally imagined.

OVARIAN DISEASE AND OPERATION.

By Dr. H. R. BALDWIN.

Mrs. S., aged about 30 years, first noticed an enlargement of abdomen about two years since. This lump has steadily grown until time of operation, (April 21st), when the abdomen was distended to a size corresponding with the enlargement at the fifth month of pregnancy. The diagnosis was

tumor of right ovarium. On the 21st of April, Dr. W. L. Atlee operated by opening the abdomen through the lines alba to the extent of three inches, which was afterwards extended to four inches. The operation occupied twenty-five minutes. There were no adhesions. The fimbria were visible upon the application of the clamp, which was applied to the peduncle. The tumor was removed and found to weigh with contents over twelve pounds.

Wednesday, 21st, evening. Bladder relieved by catheter; pulse 104. Thursday, catheterized twice; pulse 104, temperature 100 3-5. pulse 100; skin moist, slight coating on tongue; no pain; comfortable; slept well; no nausea, no chilliness. Friday, P. M., pulse 96, temperature 100; tongue moist; catheter used twice; no abnormal symptoms; anodyne at night. Saturday, A. M., pulse 100, temperature 99 4-5; anodyne at night. P. M., temperature 99 2 5, pulse 100. Sunday, temperature 99, pulse 96; anodyne. Monday, pulse 100, temperature 99 2-5. Monday, P. M., pulse 92. day, 27th inst., pulse 92, temperature 99. Wednesday, temperature natural. pulse 96; bladder irritable, some vesical mucous discharged. 29th, pulse 80, temperature natural. Friday, pulse 80, temperature 99 1-5; Friday, P. M., pulse 76, sutures all removed but one. Saturday, May 1st, gave injection. Sunday, pulse 64. Monday, repeat injection, which failed; gave oil, which operated; last suture removed. Friday, May 7th, clamp removed. Wednesday, May 19th, patient walked about the room; still slight discharge from pedicle.

MONMOUTH COUNTY.

To Chairman of Standing Committee, &c.:

From all that I can glean, the sanitary condition of our county has never been better than during the past year. There has been an absence of any epidemic or contagious diseases during the summer months, but an increase in Pneumonia and bronchial troubles during the winter and spring months, which in some sections have been of a severe character, assuming a typhoid form.

Several reports that I have received from physicians, have not only spoken discouragingly of the good health

of the people, but also of the stringency of money matters, owing to the paralyzed condition of every industry; one gentleman stating his collections had not been "commensurate with the dignity of the profession." Despite this, I may add, our professional ranks have remained during the past year unbroken, and no one that I can recall has fallen by disease and death, as in the years that have passed, which is cause of gratitude to the Giver of all good.

Dr. J. E. Arrowsmith, of Keyport, states "whoopingcough of a mild character prevailed to a considerable extent in the earlier winter, which was much benefited by administration of small doses of chloral hydrat.

"Pneumonia not unfrequently proved fatal in elderly persons, and those of worn out constitution. Have been peculiarly exempt from Scarlatina and Diphtheria during past year."

Dr. Henry Cook, of Holmdel, says "the diseases incident to the summer months, were not very severe; but there was an unusual number of bronchial affections, a cough accompanied with coryza, headache, fever, &c., in fact, all the symptoms as described in an epidemic 'Hay Fever.'

The eruptive diseases have scarcely shown themselves. I will recall a case of Diphtheria, in a lad about fifteen years of age, which was unusually severe and protracted. After the disease had run its course, and I had hoped convalescence established, it terminated suddenly.

The patient expressed a desire to use the commode, and died from syncope, before he could be replaced in bed.

Pneumonia has been more prevalent this spring than for years past. Nothing new to offer in the treatment. Relied chiefly on ammon. carb., quinine and Dover's powder, p. r. n.

In my own practice I have nothing of special interest to communicate. We have had the diseases incident to the different seasons, with no marked characteristics, if I except Pneumonia in the winter and spring months, which here, as elsewhere, has been unusually prevalent and severe.

In a case of Variola, I gave xylol a trial, with very satisfactory result. Was induced to use it from the very favorable recommendation of it by Dr. Richard Moffatt, given in Philadelphia Medical Times, as well as by the high tribute paid to it by Dr. Nagel, as represented in the Boston Journal of Chemistry, of Jan., 1873.

I trust if any of the profession have had any extended experience with this new remedy, they will give us the benefit of their experience and observation in some of their future reports, that we may know if this "new remedy," is to receive as decent a burial as the many have which have preceded it.

Dr. P. B. Pumyea, of Imlaystown, furnishes the following interesting case of Uterine Polypus, and its successful treatment.

S. H. HUNT, Reporter.

POLYPUS OF THE UTERUS.

BY P. B. PUMYEA, M. D.

On May 3, 1874, I was called to see C. D., a colored spinster, aged 45. The messenger announced that the difficulty was uterine hemorrhage, and I went with the purpose of checking it. I found that she was menstruating excessively, complaining of severe abdominal pain, and unable to micturate. After prescribing an astringent and opiate I left, promising to call within three hours and withdraw the urine, if not previously voided. When I returned, and while I was manipulating to introduce the catheter, much to her and my surprise I found a conical tumor in the vagina, with its apex towards and extending downwards nearly to the vulva, and upwards further than I could reach. Its presence, size and location afforded a satisfactory

explanation of the retention of urine. The expulsive efforts of the uterus having probably produced a temporary fold in the urethra, there was no subsequent necessity for catheterism. The catheter was easily introduced, assumed the usual position, and about a pint of urine was withdrawn. Although she had lately experienced much discomfort, especially when in a recumbent position, and had suffered for a long time, occasionally with frequent and difficult micturition, and for years from distressing tenesmus, almost constant leucorrhea, and profuse and irregularly frequent menstruation, yet being unaware of the significance of such symptoms, and too modest to consult a physician, she was, as I said, surprised at the information. On Wednesday, May 6th, Dr. Newell confirmed the diagnosis, and recommended temporizing treatment. At that consultation we endeavored to ascertain the size and place and extent of attachment of the tumor, but did not satisfactorily find out cither, owing to the relative size of the tumor and the vagina. Prescribed ergot, ter in die. Seen May 17. The ergot has produced so much pain that a few days previously she discontinued its use. Its effects · were evident in the elongation of the tumor, it extending now down to the vulva. An extra but futile effort was then made with two fingers to reach the upper boundary of the tumor, and thus be able to ascer'ain and inform her what kind and further treatment might be justifiable. Intending on the following day to get your advice, I promised to let her know within a few days what must be done.

When the case was related here, the major part of the members present advised non-interference, owing to the uncertainty in diagnosis before mentioned, and the possibility of unanticipated complications. A few coincided in the suggestion of an examination while under the relaxing influence of chloroform. Anxious to remove her from the "ragged edge of anxiety," on Sunday, May 24, I administered chloroform, and was then able to reach further up than before. I found the anterior surface more lobulated than the posterior; but high up on the posterior my fingers encountered what seemed to be either a sulcus or the os tincæ. If it is the os, then the tumor involves the neck of the uterus, and is consequently incapable of removal. If it is a sulcus, then I have not reached the superior border of the tumor, and its attachment is involved in the same obscurity as before. In such a dilemma I determined and suggested to have further advice. Accordingly I wrote to Dr. Atlee, and on June 18th he came up. On examination he pronounced it polypoid, and recommended an immediate removal. After her consent was obtained and chloroform administered, the Dr. with considerable difficulty grasped the tumor with forceps and pulled it down so as to reach the pedicle, which was then severed with a knife. The insertion of a tampon, one end of which had been saturated with Fer. Per. Sulph. and the rest with vinegar, completed the operation, and thus relieved her of much discomfort and anxiety—she has since said saved her life—at any rate made life tolerable. Time of operation about one hour.

There was some hemorrhage during the operation, but none after the introduction of the tampon. As soon as she had sufficiently recovered from the anæsthetic I gave her gr. \(\frac{1}{2} \) Sulph. Morph. Pulse then 76.

The polypus was a perfect cone, lobulated, and attached by a pedicle one inch in diameter, its longest circumference five and three-quarter inches, and then tapering to a point, its length three and a half inches. About midway of the tumor was the sulcus which produced the dilemma before mentioned.

No hemorrhage followed the removal, on the next day, of the tampon, although considerable traction was necessary. Injections of carbolic acid were then made and continued until all discharge and odor had ceased. There was a little nausea, some delirium, and considerable cephalalgia, but no tympanitis nor sufficient pain nor tenderness about the abdomen to make a note necessary until Friday, 19th, about one week after the operation. There was then some tenderness, considerable tympanites, and a good deal of nausea and vomiting, but the pulse was but 60 and there was no fever. Ordered turpentine stupes and gave opium. On Saturday the tympanites was gone, she felt better, and we discontinued the stupes and medicine. Nothing of particular interest subsequently occurred, except some annoying hysterical symptoms and the appearance of several pustular eruptions (due undoubtedly to purulent absorption) distributed about her body.

Although convalescence was slow, a perfect and permanent cure we think was effected, as no trace of the tumor could be detected at a subsequent examination.

CASES BY DR. GEO. T. WELCH, OF KEYPORT.

Case I. Enormous size of a child at birth.—Oct. 31, 1875. The mother, Mrs. W. H., believed herself to have been pregnant nearly ten months, and after a tedious and painful labor, was delivered of a fœtus weighing 15 lbs., that measured 16 inches around the waist. For the sake of accuracy I weighed the child twice and deducted the weight of the napkin in which it was wrapped at the moment. I was sorry afterward I had not made careful measurements of the diameter of the head, but an urgent call to at-

tend another patient prevented me. This was the twelfth child the mother had given birth to; and the one just precedent to it, occurring in the late Dr. Travis' practice, had weighed 14 pounds.

Caseaux believes the weight and length of children at birth have been wonderfully exaggerated in many cases, and states the largest of three thousand born under his care, only weighed 10 pounds; and of four thousand born at La Maternité, the largest weighed twelve pounds. Dr. Merriman reported one of fourteen pounds weight; Sir Richard Croft, one of fifteen pounds, and Owens and Riembault, one each, of still-born children, weighing seventeen pounds and twelve ounces, and eighteen pounds. I consider the case I have detailed of sufficient importance to bring it to your notice.

CASE II. Delirium Tremens, treated by Digitalis.—A young man addicted to the opium habit had been accustomed to take as much as five grains of sulphate of morphia, daily, for a long time, and sometimes varied the delight with copious draughts of whisky. It was at the end of such a debauch he was attacked with delirium, and came under my care. He had been without sleep about sixty hours. Knowing his habits, I ruled opium out of the treatment altogether and placed my dependence upon digitalis. I prescribed drachm doses of the tincture every two hours until sleep should occur; at the end of twelve hours I increased the dose to two drachms, but at the end of twelve hours more he was as alert and fancy-mad as ever. I then ordered half ounce doses every two hours, and at the end of the third dose he fell into a gentle slumber that lasted about six hours, and woke much refreshed. The pulse had not decreased in volume or frequency, nor was there any symptom of depression. After taking a teaspoonful more of the tincture, my patient speedily addressed himself to sleep anew, and this time the slumber was profound, lasting for several hours, when the symptoms did not again appear.

When I was practicing in Delaware, I had a similar case at Harrington, in 1869, where I used the incredible amount of one drachm of morphia in forty-eight hours, without effect, before I discovered the patient was an inebriate consumer of opium in all its forms. I then tried the sedative effects of Cold, of Chloroform and of Brom. Potassium and abandoned them. As a last resort I tried Tinct. Digitalis, commencing cautiously, and finally giving it in tablespoonful doses every two hours, when my patient became calm, and after he had taken four ounces of the tincture he slept profoundly for fourteen hours, and awoke cured. Some months afterward, falling

into the same condition, I prescribed with perfect assurance the Tinct. of Digitalis, in half-ounce doses every two hours, when he fell asleep after the sixth dose and awoke without any return of the delirium.

CASE III. Pelvic Hæmatocele, with remarks on the diagnosis of that affection.

—I wish to relate the history of a case of pelvic hæmatocele, that may be of some interest on account of obscurity of symptoms at the time I saw the patient, and on account of difficulty of diagnosis.

It is not always possible for a physician to see a patient from the very beginning of a disorder; and to diagnose a disease of long standing, will often baffle the skill of the best, when the peril is imminent and the history inaccurate. Particularly is this so in surgical diseases of women, where many symptoms of different diseases are alike, and it is only through a process of exclusion, truth can be reached. So the late history of a case, like the one I shall detail, would have been of no mean advantage to use on the day I first saw my patient.

Mrs. Charlotta Lent, aged 42, has been married twenty-five years. She is the mother of four living children, the youngest eighteen years of age, since whose birth she has had seven miscarriages. On one occasion she was delivered of a dead and putrescent fœtus by a physician in Brooklyn; and two or three times the miscarriages spoken of were preceded by fœtid discharges from the vagina. These abortions always occurred between the sixth and fourteenth weeks of pregnancy. Her labors had always been tedious, lasting from forty-eight to ninety-six hours. Children at birth, weighed from three to five pounds. The largest weighed seven pounds. It was often a mountain in labor, producing a mouse. Between these conceptions her menses had always been regular.

In May last, while gathering strawberries, she felt a severe pain in the pubic region, which prostrated her at the time, and afterwards she was confined to her bed for some hours, daily, on account of it, until the 16th of June, when the pain became more poignant than usual, but she sought no medical advice until the 4th of July. She was then unable to void the fæces or urine except in small quantities and with painful effort. That was all I could learn from the patient as to the antecedents of her case, at the time I saw her in August, when she had been without a physician about fourteen days.

I found her in bed, pale, anemic, and full of apprehension as to the result of her disease. The pulse was weak and small in character, and the countenance haggard. She confidently believed herself to be pregnant, and a

solid tumor could be felt above the pubes, and extending half way to the umbilicus; while the abdominal walls were cool and relaxed. Upon a vaginal examination by touch, a tumor was discovered, depressing the posterior wall of the vagina, and filling the hollow of the sacrum, while the os uteri was found high up and wedged against the symphysis pubis, and this was not to be seen at all through a bivalve speculum that I subsequently introduced.

It looked like a case of retroversion of the pregnant uterus, and was, symptom for symptom, like any case detailed in Ramsbotham, Meigs or Caseaux. There was the acute and sudden pain in the commencement, the prostration, the difficulty of passing urine and the faces, the os tilted up and against the pubes, the tumor depressing the posterior wall of the vagina, and lying in the hollow of the sacrum. I was impelled to look upon it as a case of retroversion, and proceeded to treat it as such. The bladder being emptied, I placed the woman on her left side, with the limbs flexed and the abdominal muscles relaxed, but with all the art I could command I could not restore the tumor but little from its retroverted state. At last I introduced the speculum again, and with the uterine forceps inserted a large pledget of cotton, to retain whatever advantage I had gained. Having prescribed some iron and quinine for my patient, I left her until next day.

I then found her more cheerful, and she had voided about three pints of urine in the interval, and the bowels had been moved. I went through the same process as upon the day previous, with a like result; but when I called upon the next day, I found the pledget of cotton had slipped from the vagina during the night, and the tumor had descended as low as at first, while a fœtid discharge had taken place from the vagina, and this continued for several days afterward. However, my patient was sanguine, and as no urgent symptom presented itself, the tumor being as immovable as ever, I concluded to do nothing further that day. The next day she was attacked with a chill, and following peritonitis, which I treated with opium, and several days elapsed before she recovered from this.

In the meanwhile, the fœtid discharge from the vagina continued, sometimes profusely, and I began to suspect the death of the fœtus; the more so, as the tumor felt through the abdominal wall, was now hard and contracted, and presented no longer the surface of a sphere, but was irregular and nodulated. The os uteri could be discovered with more ease, and admitted the point of the index finger.

A medical friend I took with me about this time, pronounced the woman

pregnant, and the uterus retroverted, but was undecided as to the death of the fœtus, and counselled delay in treatment. But when he saw the case three or four days afterward, he agreed the woman ought to be delivered, and I took steps to procure the abortion. This was not so easy. Ergot is out of the question during the first half of gestation; the muscular properties of the womb are far from being developed, and the contractile and irritable qualities are too feeble to be acted upon by internal agents. To perforate the membranes is the only sure way, and as, upon patient experiment, I found neither a sound or flexible catheter could be passed. I had to resort to sponge tents. I succeeded in introducing one, part of the way into the cervix uteri, and upon its removal, twenty-four hours afterward, gently insinuated the uterine sound until it passed inward three inches from the os externum, and seemed to perforate the membranes, when I withdrew it. No contractions followed, and strange to say, the discharges had ceased when I called the next day. I tried the sound again, when it entered anteriorly into the uterus, and seemed to perforate the membranes as before, with as little consequence. The next day I introduced into the cervix three large sea tangle tents, and allowed them to remain forty-eight hours. The dilation was now so complete that I made important discoveries. The cervix was elongated, being three inches in length; the os internum was yet closed. I introduced a small cylindrical speculum into the cervix, and Cusco's speculum anterior to this, and so obtained a view of the internal os Through this, I was now able to pass a small sound, and discovered the uterus was not pregnant at all, but retained its normal position in the pelvis, while the tumor lay outside of it altogether!

All this will seem very amusing, but if you will recall all the symptoms as I have faithfully detailed them to you, there must be a check to mirth. In Dr. Montgomery's work on obstetrics, many facts are recorded of women operated upon for tumors that were found not to exist. In 1828, a woman was operated upon in Berlin, for extra uterine pregnancy: on cutting into the abdomen, no tumor and no enlargement of any viscus was discovered.

In my case, from the position of the tumor, and the exclusion of retroversion, there was but one opinion left. It was pelvic hæmatocele, and the only indications for treatment, were tonic and supporting, until such time as the tumor softened, when it would likely be discharged by the rectum; if not, other modes of withdrawing the contents would be available. I ordered, however, the abdomen to be gently shampooed two or three times daily, and upon my next call, I found the tumor softening, and from that time it begun to be discharged from the rectum in great quantity, and in four

days there was no trace of it whatever. During that time, about three gallons of this offensive matter had been passed. My patient is now (Oct. 4th, 1874), able to attend to light household duties, and is constantly gaining in strength.

Pelvic hæmatocele is chiefly alarming at its occurrence, and more likely to prove fatal then, than subsequently. The treatment of it does not concern me in this paper. But I would take occasion to impress the diagnosis between this affection and retroversion of the pregnant uterus. Neither of these affections occurs so seldom but any medical gentleman is liable to meet with one sooner or later. Says Dr. Hewitt, of London, speaking of pelvic hæmatocele: "Of the twelve hundred and five cases observed by myself at University College Hospital, this affection was diagnosticated in eleven instances. Some of these were severe cases, and life was threatened, but they all recovered."

Dr. Byrne, of Broooklyn, has reported several cases.

In 1831, Récamier cut into a tumor of this kind, under the impression that he was opening an abscess; and Bourdon, one of his students, made the same mistake about ten years afterward. In 1851, Malgaique cut into a hæmatocele, under the impression that he was enucleating a fibrous tumor, and lost his patient from hemorrhage. So I can well conceive, in a case similar to my own, where the woman solemnly asserts and insists upon her pregnancy, and there is nothing to disprove it, that a physician would again be deceived and overlook the hæmatocele altogether.

Permit me once more to run hurriedly over the symptoms of this case. The woman, while stooping, experiencing an acute pain in the pelvis; the bowels obstructed; unable to pass urine; a hard tumor appearing in the centre of the hypogastric region, extending downward and backward, closing in the posterior wall of the vagina, and the os uteri seemingly elevated and wedged against the pubic bones; and, remember ten weeks had passed up to the time I saw the case—what was to prevent me, or any one, from calling it retroversion of the pregnant uterus?

Dr. Thomas says: "Retroversion may present the signs due to the mechanical results of hæmatocele, but not those due to loss of blood." But the loss of blood had occurred so long ago, there was not even a suspicion of it.

Dr. Hewitt says the diagnosis of hæmatocele is far from easy in all cases.

If then, the true disease being overlooked, efforts at reduction of the retroversion proving futile, time elapsing, fætid discharges occurring, fætal death concluded upon, abortion attempted, perforation of the uterine walls accomplished by the sound or a curved trochar, death may speedily take place, or the bladder might be punctured, as in Dr. Cheston's case, related by Ramsbotham.

To avert either calamity, let the os uteri be dilated with sponge tents. If it should be a case of fœtal death, the irritation of the expanding tents will sooner or later bring on contractions of the uterus and expel the contents. Caseaux has allowed them to remain in the cervix for five days, with very gratifying results, where an abortion was demanded. And if there should be no pregnancy, then a diagnosis is made without difficulty, and the uterus is excluded from the matter.

MORRIS COUNTY.

To Chairman of Standing Committee, &c. :

Once, twice, thrice, during the past three months, we appealed to the county fraternity for material from which to make our report; but from some cause, inexplicable to us, there seems to have been (an exception or two noted with pleasure) a want of attention thereto, and lack of interest therein so marked, as to augur ill for professional zeal, and warrant us in inferring the ardor of the brethren on the wane, or that they have possessed themselves of the idea—of which we fain would disabuse them—that their reporter has, exclusively, the wherewithal for the acceptable discharge of the duty imposed upon him.

Not a single member of our District Society, as recorded in the last transactions, was omitted in the invitation to contribute from his locality whatever of interest pertaining to the sanitary condition thereof had fallen under observation, during the year gone by; and yet, strange to say, but two responses, in anything like detail, were elicited. "Honor to whom honor is due," so to Dr. Pierson, of Morristown, and Dr. MacWithey, of Pompton, we gladly give credit therefor.

Several contented themselves with the stereotyped "nothing of interest," while a few were uncourteous enough to pass the requests without any reply whatever. As reporter, we respectfully submit to the consideration of the individuals last mentioned, the proposition "put yourself in his place," and then, it may be, they will appreciate, more thoroughly, the necessity for each practitioner doing what within him lies in detailing the medical history of his section, if they would have a report reflecting creditably on their professional industry, and calculated to enhance, be it never so little, the interests of the profession throughout County and State.

Dr. Pierson writes: "During the spring and summer it was unusually healthy, but the autumn, winter and spring months have fully taxed our time and endurance. intense cold weather of the past winter, produced a crop of pneumonias among the aged and very young, especially. Bronchitis was very prevalent, and the ordinary catarrhs were obstinate, the inflammation often spreading into the frontal sinuses, causing intense frontal headache, and, just as often up the eustachian tube, causing the usual trouble and pain in the ear. We have seen a few cases of Scarlatina, and, in epidemics, have had Roseola, Pertussis and Herpetic or Membranous Sore Throat. As health officer, nine cases of Diphtheria have been reported to me, two of which ended fatally." Speaking more in extenso as to the epidemic of Roseola, the Doctor says: "It first appeared in May, and caused considerable consternation among the It proved alarming to laity, who mistook it for scarlatina. the parents, harmless to the patients, and interesting as well as profitable to the physician. The principal point of interest was in the fact of its rarity as an epidemic, and its similarity to both scarlatina and rubeola." Fifty per cent. of the cases under his observation presented the socalled "strawberry" tongue. He estimates the number of instances of the disease, from two hundred and fifty to three hundred, in Morristown and vicinity. No treatment was required save simple febrifuges, with, perhaps, a mild aperient.

Our opinion coincides very fully with Dr. P., on this point. We do *not* regard genuine diphtheritic cases of so frequent occurrence as the remarks of some practitioners imply.

The diagnostic reliance, in the absence of the characteristic vesicle, is on what Vogel calls "the never failing enlargement of the cervical glands in true diphtheria." The treatment was simple. Internally, nitrate of potash with sufficient antimony to provoke gentle diaphoresis, and slightly affect the pulse. Externally, liniments followed by cotton wool poultice.

Under Dr. MacWithey's observation, many pneumonitic and bronchitic cases were encountered; the convalescence, in the former, being unusually protracted. Scarlatina and Diphtheria, of moderate severity, in which Potass. Chlor., Tinct. Fer. Chlor. and Quinine constituted the principal remedial measures. At date of his writing, he was enjoying a flood of malarial diseases, which element had been present in many of the cases noted during the winter.

Dr. Owen, of Morristown, reports very great benefit in Scarlatina anginosa, from the internal administration of Carbolic Acid; one to three grains, largely diluted with water, every two or three hours. He also speaks in laudatory terms of the Camphor and Chloral, equal parts, as an embrocation in intercostal neuralgia.

Speaking personally, the health of this community has been exceptionally good. Pulmonary disorders have been markedly in contrast with the record of the preceding year.

Pertussis and Parotiditis have prevailed extensively, but most of the seizures were slight, and domestic remedies Intermittent troubles have occurred in a few instances, mostly imported cases, which yielded promptly to treatment. On this point, our experience has been such as to warrant us in saying that Cincho Quinine, of which mention was made in our last report, possesses very valuable properties as an antiperiodic. We rely on it with confidence. Our usual plan is to bring the patient under its influence soon after the paroxysm; and to effect this, we prescribe it in one full dose, twenty grains, early in the sweating stage. Very rarely, indeed, does a second chill occur, and a continuance of the remedy, in smaller doses, prevents relapse. It does not produce the tinnitus aurium of the sulphate, but generally gives rise, in the dose mentioned, to disordered visual power, which is but temporary, and may be fully regarded as evidence of its specific effect. One great advantage over the ordinary preparation, is its comparative cheapness, costing but little more than half, an item of no inconsiderable importance to practitioners in highly malarious districts.

A more extended acquaintance with the hypodermic syringe, serves only to increase the high estimation in which we long have held it. Despite the warrantless onslaught from a certain quarter the past year, we still regard it sans pareil in the treatment of a great variety of painful affections, and have no hesitancy in expressing a most decided opinion, that the physician not availing himself of its unequalled power, is "behind the times," and inexcusably negligent of a wonderfully potent agent placed within his reach, for the relief of suffering humanity.

J. B. MATTISON, Reporter.

CHESTER, May, 1875.

COMPLETE CONGENITAL OCCLUSION OF THE OS UTERI.

By John G. Riches, M. D.

CASE I. E. N., æt., 16, applied to me in consequence of severe pain in the right iliac region, occurring monthly, continuing three to five days, and of two years duration. The suffering was very great, unattended with any flow, and only relieved by large doses of opium or hypodermic injections of morphine. Absence of uterine enlargement, and want of tenderness over the painful part, aroused my suspicion as to ovarian malformation. examination per vaginam was refused, and she was placed upon a tonic course of iron and quinine, which for a time, seemed beneficial, as the monthly pain, for a while, was decidedly relieved. It returned, however, and the treatment was changed. Applied leeches a few days in advance of the painful time, painted the part with tinct. iod., and ordered Lugol's solution, in six drop doses twice a day. But little, if any, good resulted. About this time she married, but it brought no alleviation of her suffering. I now persuaded her husband to beg of her to submit to an examination, and at last she consented. I found complete occlusion of the os externum, the surface where it should have been being smooth and hard. I proposed her visiting the city for an operation, but she declined, although willing that I should perform it.

Accordingly on the 3d of May, 1874, as near as possible to the time of returning pain, with the assistance of Dr. Harris, I proceeded as follows:

The patient fully anæsthetized, the speculum was introduced, the uterus steadied with a tenaculum, and a puncture made with a trocar where the os should have been. This opening not being sufficiently deep to admit a

probe, I then employed a sharp, straight, narrow pointed bistoury, after which no difficulty was experienced in introducing a Simpson graduated uterine sound slightly beyond its bulb, so that the uterus could be raised upon it. Thinking I had succeeded in making an opening into the organ, the sound was withdrawn and the wound enlarged with a double-bladed hysterotoma, but on withdrawing the instrument, we discovered the incision was insufficient to admit a sponge tent. Enlarged it, after which no difficulty was met with. No menstrual fluid escaped, and the slight hemorrhage was readily controlled by the tent dipped in muriated tinct. of iron.

The pain returned, accompanied with a considerable flow, on the third day after the operation. The incision was kept well dilated by tents, changing them until the largest size was employed; but at the usual time the suffering recurred with great severity, unattended by any discharge, and requiring morphia hypodermically for its relief. Lugol's solution was again prescribed, gtt. vi. ter. die., and tinct. iodine, topically applied. Two months subsequent to the operation the catamenia appeared with but little pain, since when menstruation has been regular and painless, and the patient, at present, is well.

Succasunna, N. J.

ENCHONDROMA OF BOTH HANDS.

By J. W. CONDICT, M. D.

E. B., set. 26, of cachectic appearance, came under my care for enchandromatous tumors on both hands, thirteen in number, varying in size from an ordinary filbert, to half pound in weight. The largest involved the second finger of the right hand in its entire length. These growths commenced before he had attained his tenth year, and have progressed very slowly until the last two years, within which time they have perceptibly increased in size, especially the largest, which has more than doubled in volume during the past year.

All the phalangeal bones being involved, it was determined to remove the finger at the metacarpo-phalangeal articulation, which was accomplished by a circular incision of the integument, midway between first and second joints, dividing lateral ligaments, and passing the knife between articulating surfaces. The head of the metacarpal bone being involved, was removed by bone forceps. The flaps were brought together with sutures and adhesive straps. Under ordinary dressing the wound healed in a few days, and there

has been no recurrence of the disease at the site of the operation. Patient put upon a tonic and nutritious regime, is improved in health, but not willing to undergo further operation for the removal of other tumors, several of which could be successfully done. The morbid specimen weighed eight and one half ounces, avoirdupois.

DOVER, N. J.

CASE OF INFANTILE SYPHILIS.

By J. B. MATTISON, M. D.

On the 5th of February last, I attended Mrs. C., who, after a brief, natural labor—her fourth—gave birth to a well-formed, healthy male child, weighing, when dressed, ten pounds. March 7th, was called to see the child for a slight erythematous eruption on the face and neck, attended with discomfort, variously manifested. Considering it as evidence of gastric disturbance, gave an aperient, to be followed by an alkali and anodyne, to correct acidity of the prima via, and quiet irritation, and did not repeat my visit.

On the 14th, was again called, and found the child covered with a papular erythematous eruption, not evenly diffused, but in segments of circles, with lighter spaces between; in some respects resembling measles. Regarding it as a case of inherited syphilis—probably transmitted by the father—the child was at once put upon a mercurial course: hyd. cum. creta, one grain per day, in divided doses. In the progress of the disease, the mucous membrane of the nasal passages became involved, producing snuffles badly, as also that of the throat and mouth. The conjunctiva escaped; so, too, the gastric mucous membrane.

On the face and neck, the papulæ became capped with minute pustules. These, drying, formed crusts, which, falling, left a copper colored integument.

The disease, as at first manifested, yielded to treatment in about twenty-five days. Mercury does not disturb the bowels; it is yet continued, and the child appears quite well nourished, though it does not grow as a healthy babe should. Saw it to-day, April 16, and found the scrotum and penis covered with a miliary eruption, on an erythematous base. Am not satisfied that this last is specific in character.

The ordinary effect of transmitted syphilis upon the infant, of scrofulous emaciation, has not yet been manifested, and, to all appearance, the mother has escaped contamination.

CHESTER, N. J.

AN EASILY EFFECTUAL METHOD OF ARTIFICIAL RESPIRATION.

By J. B. MATTISON, M. D.

Among the many exigencies arising in the accouchment chamber, none, ofttimes, are fraught with more importance than those pertaining to the thorough establishment of respiration in the newly-born babe. Momentous interests, affecting the worldly weal of many, may hang on the performance of this function, be the time of its complete carrying on never so limited, and, as well known among the adherents of a certain ecclesiastical belief, the establishment thereof sufficiently long to permit a peculiar ritual performance entitles the subject to a sharing in those joys that are to be. Aside from these considerations, the advent of the little stranger awakens emotions in the maternal bosom, such as only a parent can know; and to have fond hopes and loving anticipations dashed ruthlessly down, may give rise in highly impressionable temperaments and under unusual circumstances, to symptomatic manifestations seriously imperiling a life even more valuable.

It behooves him, therefore, who takes upon himself the duties of the lying-in department, to be fully alive to all its demands in this direction, and to meet, promptly, with the most efficient means at his disposal, whatever emergency may arise.

Every qualified practitioner is supposed to be cognizant of the various conditions standing in a causative relation to this state of apparent death, and their variety necessitates a varied plan of operative procedures looking to resuscitation. Often, simple measures suffice, but, again, it is only after the most assiduous attention that we are rewarded by the first feeble evidences of an independent existence.

Among the different means of restoring asphyxiated infants, artificial respiration, after the manner of Hall or Sylvester, has long held a foremost place, and been succussfully resorted to after the failure of other measures. More recently, another plan, that of Schultze, has come into notice, and as it may be unfamiliar to many practitioners, and is, undoubtedly, of value, the following description will, perhaps, be acceptable:

"The operator seizes the child under the arms, the index finger of each hand in the arm-pit, the thumbs over the anterior portion of the trunk, the remaining fingers placed along the back, which is turned toward the operator, while the head is steadied between the palms of the hands. As the operator stands, the child, so held, is allowed to swing between the out-

spread knees. The tractions thus made in both directions upon the ribs, by the pectoral muscles above, and the abdominal muscles below, produce the widest separation of the ribs, while the weight of the liver causes descent of of the diaphragm, and thus inspiration is produced. Next, with extended arms, the operator swings the child upward until the breech and legs fall forward toward the abdomen. When the body is thus doubled up, the ribs close together, the diaphragm is pushed upward, and forcible expiration takes place, driving out through the mouth and nostrils great quantities of mucus and fluids—respiratory movements have taken place prior to birth—from the air passages. Still keeping the arms extended, the child should be allowed, after a few moments (?) to swing back between the legs. In this way expiration and inspiration are to be maintained until spontaneous respiration occurs. As the temperature is apt to fall during the swinging movements, warm water should be kept handy, in which to occasionally plunge the child."

We desire to call attention to another method, the value of which, we have, on more than one occasion, demonstrated to our intense satisfaction, and which has, we think, advantages over that just detailed, in being more simple, seemingly not so rough, and, we judge, equally efficacious.

We disclaim originality. Credit in that direction is due to Prof. Harvey L. Byrd, of Baltimore, who, in an article entitled "A speedy method in Asphyxia," published in the Baltimore Med. Journal, Nov., 1870, and reprinted in the Half Yearly Compendium of Medical Science, Jan., 1871, described its modus operandi, and cited cases confirming its value.

The method we present, has, however, some modifications of Dr. Byrd's, and is as follows:

The infant upon its back, firmly grasp the outer thigh, the index finger and thumb encircling, and the inner limb resting on the forearm, while the little finger is extended as far as possible up the back to form a fulcrum with the corresponding finger of the opposite hand. In the hollow formed by the thumb and fore-finger of the right hand, allow the neck of the infant to rest with the palm under the shoulders and the little finger extending down the back to meet its fellow of the other hand. Now, gently and regularly depress the vertex and inferior extremities as much as practicable below the horizontal, say forty-five degrees, thus facilitating inspiration, and, after a proper interval, elevate them to the same extent, forming a concavity of the chest, and thereby favoring expiration. Continue these movements without interruption, taking care to permit no impediment to the exit and entrance of air during the upward and downward movements

of the head and chest, and also exercising caution against too much lateral motion of the head during their continuance. The conjoined use of Desormeaux' douche, or a little cold water dashed occasionally on the epigastrium will tend to enhance the efficacy of this method, indeed, its employment not at all precludes the use of whatever auxiliary measures may be deemed advisable.

In Prof. Byrd's plan, the ulnar edges of the hands are placed in contact to form the fulcrum beneath the infant's back, the thumbs extended, and the radial borders being alternately elevated and depressed, simulate the normal respiratory act. Modified as above, its advantages are: a much firmer hold of the body is obtained, thereby diminishing the chances of slipping, it is less fatiguing to the operator, and it obviates a necessity for an attendant to prevent any considerable departure of the head from its anteroposterior axis with the vertebral column.

We speak whereof we know, regarding the value of this method, having had ample evidence in that direction. Among other cases, notes of a remarkable instance of infantile asphyxia, in which it was, we confidently believe, the life-saving instrumentality, not only in establishing respiration after a notably protracted absence, but in maintaining existence through a perilously prolonged narcosis, go far in substantiating the statement of its originator, that "it is, par excellence, the remedy in the asphyxia of newlyborn infants."

We have met those of large experience, who were unacquainted with it. In the hope that it may be given a wide publicity, and its merits made available, we re-present and commend it to the profession.

CHESTER, N. J.

SOMERSET COUNTY.

To Chairman of Standing Committee, &c.:

Not being the regular Reporter of our District Medical Society, I am unable to report anything from remote parts of the county, and only give what information has been obtained from the physicians near us, and personal observation. During the summer and autumn, there was less than the usual amount of Dysentery. Cholera Infantum, &c., was of mild type, and amenable to appropriate treatment.

Typhoid Fever prevailed less extensively than the previous year.

Scarlatina made its appearance in June, and has prevailed more or less since, yet hardly general enough to constitute an epidemic. It has usually been of mild type, though a few malignant and fatal cases have occurred.

We have had probably more than the average amount of Pneumonia during the winter and spring, with a decided tendency towards an asthenic type in many cases. The most successful treatment was Quinia in full doses, Carb. of Ammon., brandy and a supporting diet. In no case that I am aware was venesection, antimony or the constitutional effect of hydr. deemed advisable.

In Somerville and Raritan, Small Pox in modified form occurred early in March, to the extent of five cases, one of which proved fatal. By isolation and vaccination it was confined to three families. The first cases were operators in the rag rooms of the Raritan Woolen Mills, the rags being brought from New York and other cities.

Although our county boasts of almost complete immunity from miasmatic diseases, some cases of intermittent are reported by Dr. C. M. Field, of Bound Brook.

H. G. WAGONER, Sec'y Dis't Soc'y.

Somerville, May 21, 1875.

SUSSEX COUNTY.

To Chairman of Standing Committee, &c.:

Judging from the meagre report of the physicians of this district to me, and from all other sources of information, the past year has been, comparatively speaking, healthy.

We have our usual routine of malarial diseases to encounter. No epidemics, with the exception Scarlatina, and this was limited to the Paulus-Kill Valley and the Delaware River Valley, in the practice of Drs. Schumo and Mains, commencing in some localities early last autumn and continuing on through the winter until now. Most of these cases were mild; a few malignant cases terminated fatally.

I quote from Dr. E. W. Mains:

"There has been almost entire absence from epidemics the last year; in the fall I had a short and mild epidemic of Scarlet Fever; the disease was of the anginose variety. In some cases I used the Bi-Sulphite Soda, but in most cases I used Chlorate Pot. and Tinct. Ferri. in combination, and when the tonsils had a tendency to slough, I used the much praised prescription of Prof. Meigs, to wit: five gr. each of Copper and Quinine to the ounce of water, to be applied to the tonsils with the camel's hair pencil. I had several cases of anasarca and albuminaria, which were readily relieved with alkaline diuretics. During the winter I had a short epidemic of Diphtheria, mild and required but little treatment, with the exception of Chlo. Pot. and Iron, with nourishing diet."

Dr. Mains reports the operation for the removal of a fibro-plastic tumor, weighing $3\frac{1}{2}$ lbs., from the gluteal region of a female (assisted by Drs. Johnson and Armstrong), after ligation, an artery that seemed to arrest the hemorrhage. Three hours afterward bleeding returned, dressings were removed and five other bleeding vessels had to be ligated.

Dr. John Moore, of Deckertown, reports that "he has met with the usual number of cases of summer complaint in children, and several cases of Bilious Fever and Pneumonia during the winter and this spring; had one case that was new to all that saw it, a tumor on the occipital bone of a little girl four years old, a little below and to the left of occipital protuberance, about the size of a walnut when I first saw it, and had been diagnosed as a wen. It grew rapidly, and in six months she died. At the time of her death, it was larger than a quart bowl, extended from ear to ear, and down the neck; and its character appeared to be changed from bony at the beginning to fleshy. Parents took the child to Prof. A. Clark, who gave no encouragement, and prescribed Pot. Iod. and Syrup Iod. Ferri. No diagnosis given. Tumor grew so rapidly, and child so feeble, that it was not taken again; was tapped with exploring needle a short time before she died, but no pus found, nothing but bloody water. We finally came to the conclusion it was an osteo sarcorma."

Dr. E. Schumo, of Layton, reports: "My practice was comparatively dull until January and February. I then had another epidemic of Scarlet Fever; treated a great number of cases, as many as eight in one house at one time; they were of the anginose and simple variety, and I presume of a light form, as they all recovered but one. The case of Cancer that I reported last spring, from whose person we had removed two tumors at different times, terminated fatally a short time ago by a return of the disease. the pleasure of reporting a successfully treated fracture of the femur. The case was a remarkable one, from the fact that the patient (an old lady), was in her eighty third year; the fracture was transverse and at the lower third; for the first few days I used pulleys. I then put on plaster paris, and kept it on for about seven weeks, and, notwithstanding her great age, she suffered but very little inconvenience. her friends to understand that they must not expect much, and that if it united, it would be the exception and not the rule, and was agreeably surprised to find that union had

taken place upon the removal of the splints. I was taught to believe, when a student, that 50 years was the limit, but I find every now and then exceptions to all rules."

Dr. Carlos Allen, of Vernon, reports: "I think I have the healthiest locality for practice, to be found in the county. Our prevailing diseases, if we have any that may be called so, are generally inflammatory, and during the last year they have manifested a tendency to periodicity more than for many years previous. I heard much during the fall and winter of Diphtheria in neighboring places, and really had in my practice a good many cases of sore throat, but not a case of genuine diphtheria. They were cases of diffuse inflammation of the mucous membrane of the tonsils, sometimes extending into the pharynx; but in no case presenting the characteristic exudation of that disease. I believe every case that came under my care proved amenable to simple treatment, in which chlo. pot. was the principal remedy used." Dr. Allen mentions one case of Erysipelas, treated with large doses of Quinine and Opium. My success was gratifying, and although I could hardly call it the 'abortion treatment,' yet I shall feel warranted in trying it further when opportunity offers."

In addition, I will say that I have met with a good many cases of Pneumonia the past year. I think it would be an interesting point to determine the statistics of mortality at the present time in this disease with the *orthodox* "Flint" plan of treatment with whiskey, carb. ammonia, &c., as compared with the old discarded use of cal., ant., blistering, &c., treatment.

C. V. MOORE, Reporter.

STILLWATER, MAY 17th, 1875.

UNION COUNTY.

To Chairman of Standing Committee, &c. :

In giving the sanitary history of Union County for the past year, I have depended entirely on contributions from the members of our Society. At the beginning of our medical year, sub-reporters were appointed in the various sections of the county, whose duty it should be to furnish the reporter to the State Society with the sanitary history of their several professional fields; and out of eight so appointed, but three have reported.

Dr. H. D. Burlingham, of Plainfield, writes:

"The elevation of the railroad above the streets, has, of course, brought into the city a vast body of fresh earth, the earth coming from a somewhat malarious district; and there seems to have been an unusual amount of neuralgic affections.

During the spring months, we had an epidemic of Roseola, in many cases attended with a pretty sharp febrile movement, and very considerable pain in the head and back. This was soon followed by catarrhal fever, affecting most of the inhabitants, and generally leaving the system much debilitated. During the summer, Cholera Infantum prevailed to some extent, and proved fatal in a few cases.

There have been quite a number of cases of Scarlatina, a few of which were exceedingly malignant. Rubeola has also appeared occasionally, but neither this nor scarlatina have been epidemic. Diphtheria has manifested itself, and several deaths have occurred from this cause. The direct contagion has been traced in most of the cases, and where the other members of the family have been immediately isolated, and allowed no approach to their homes, they have in no instance taken the disease.

At Dunellen, the next station below, Scarlatina and Diphtheria have been holding high carnival.

The winter has furnished us with an unusual amount of Tonsillitis, characterized by much neuralgia and prostration. Pneumonia has proved fatal in several cases of old persons. The drainage and sewerage of the city is being improved, and the people generally begin to feel the importance of using all public hygienic measures. There is a regular board of health, and vital statistics are partially kept by the board."

Dr. Pettit, of Elizabeth, writes: "There has been no disease prevalent in such form as to be entitled to the name 'epidemic.' The year has on the whole been a healthy one. Fevers of a malarial origin have been met with during the entire year, although the number of patients was less than during the few previous years. The ordinary intermittent has been the prevailing type, and these have mostly yielded readily to treatment by quinine. impression, that more obstinate cases have been met with than in previous years. Occasionally they have been of a remittent form, but most of these cases were successfully treated. The usual treatment has been by cathartics, diaphoretics and diuretics, until an intermission occurred, when quinine was given freely. Most of our profession are accustomed to give it in small doses, 2-3 grains, repeated 2, 3 or 4 hours, though where the intermission is short, it is quite common to begin with a full dose; say, grs. x. and then follow it up with smaller doses. Under this course the paroxysms usually cease in two or three days. Some use has been made with other antiperiodics, arsenic, iron and the various alkaloids and resinoids obtained from cinchona bark, but the universal verdict is, that where there are no symptoms contra-indicating its use, quinine is by far the most valuable remedy, acting with greater promptness and certainty than any other.

The hypodermic use of quinine has not been much in vogue, owing in great part to the fear of local inflammation at the point of insertion, from the acid or other irritating qualities of the solution. Chinoidine has been used with good results, in some cases where quinine seemed to cause great cerebral disturbance.

I do not know of any cases that have assumed a typhoid form. Indeed, typhoid fever is almost unknown to us. During the winter we witnessed the anomaly of a large number of cases of Dysentery, throughout all portions of Elizabeth, affecting all classes and ages alike. It was not of a very severe form, and yielded quite readily to treatment, and so far as I am aware, no cases terminated fatally. I do not know that any satisfactory cause has been assigned for this unusual occurrence.

The treatment consisted generally in the administration of small doses of mercury, with opiates and astringents, and opiate enemata or suppositories, a dose of castor oil or some other mild cathartic being given at the outset, or at some period of the treatment, to unload the bowels, and relieve the portal congestion, and repeated if the case seemed to demand. The choleraic diseases which prevail in summer, especially among children, were not as prevalent nor as fatal as in former years. I think I am safe in saying that our physicians are tending to place less reliance upon medication, and more upon dietetic and hygienic measures. in cholera infantum. Scarlatina has occurred at nearly all seasons of the year, generally in a mild form, with few About 35 cases of small pox have been fatal cases. reported, most of them having been treated in the hospital, with a fatal result in about 20 per cent. No special or specific plan of treatment has found much favor with us,

each case being treated according to the conditions as indicated by the symptoms. We regard vaccination, properly performed, and recent, as an almost complete protection."

Dr. H. H. James, of Rahway, writes:

"The health of this city and vicinity for the year, has been unusually good. I do not mean by this that we have had a year of exceptionally good health, but that we have been free from any serious epidemics. Scarlatina, rubeola and whooping cough, all of a mild form, have prevailed during the greater part of the year. There has been no small pox. A few cases of Diphtheria appeared in mid-winter, two of which, in my own practice, proved fatal; one, a girl aged 11 years, died after four days' sickness, and one aged 2, died in forty-eight hours after the disease manifested itself locally. Three more of the same family recovered from attacks of the same malady.

On the 26th of July last, I was called to see three children—twins eleven months, and one aged twenty months. One of the twins died in ten minutes after my arrival, and the other two hours later, while the third and older one lived four days.

The mothers of these children lived in the city, and were the daughters of a farmer, living within a stone's throw of Staten Island Sound. They came to their father's, bringing their children with them, for the children's good, that they might have the benefit of pure and good milk. They were healthy children, and did nicely on milk, from a young, healthy, and well kept cow, from the 4th to the 26th of July. On the 25th, this cow escaped from the enclosure, and instead of getting water from a clear spring, drank from water standing in pits, left after digging clay for brick.

On the 26th, between 8 and 9, and again before noon,

these children took milk obtained from this cow, (the next morning after her dissipation). At 12 M. (26th same day), I was sent for. One of the twins was dead at three o'clock, and the other in two hours after. Being myself unable to attend the other case, a medical friend looked after it, till it died, four days later. These children all died of Cholera Infantum, and as they were perfectly well till they partook of this (morning's) milk, I can trace this disease to no other cause, than that the cow drank impure water, as the pasture was the same in both fields. The cow was in nowise affected by the change of pasture and drink, and yet these children were almost as distressingly, and quite as effectually poisoned, as if by corrosive sublimate.

The amount of intermittents and remittents has been about the same as in former years, while the tendency to continued fevers has, perhaps, been greater."

I will only add a remark, in regard to the hypodermic use of quinine, as suggested by the statement of Dr. Pettit: I have injected it over twenty times in extreme obstinate intermittents, and I have yet to see the first case in which it failed to check the paroxysm, or produce local inflammation when properly used. In one instance I injected too near to the point of insertion of another injection, and the two together produced considerable soreness. I use Dr. Lente's solution, injecting it under the skin of the abdomen, and applying a cold water dressing for a half-hour, or longer, if the redness does not subside.

THOMAS N. McLEAN, Reporter.

ELIZABETH, May 14th, 1875.

WARREN COUNTY.

To Chairman of Standing Committee, &.:

My report on the sanitary condition of this county for the past statistical year is founded almost entirely upon personal observation.

To my knowledge we have not been visited by any epidemic disease of extensive prevalence, although through the whole year the profession has been busy. In the district I occupy, typho-malarial fever prevailed from July to December, in one of the most elevated portions, and in places that had been for many years exempt from malarial diseases.

The severe cold of last winter did not add to the mortality of the spring months; the fact is, there were fewer deaths from all causes than I had known in an experience of twenty-five years. Very few cases of pneumonia occurred in the winter; more cases were seen in April than in January or February. Scarlatina prevailed in the mild form in the northern part of the county; the anginose symptoms were not severe, but uramic convulsions were among the secondary complications. No cases proved fatal.

I append comments from Dr. Jno. Cook, of Hackettstown, on cases of great interest to all.

He says: "The past year has been one of more than ordinary activity to me. We have had our usual prevailing diseases to combat; of fevers, the remittent is the most frequent form, assuming quite often a typhoid type. We seldom meet with cases of pure typhoid fever in our district, embracing the upper portion of the Musconetcong

Valley with the surrounding mountains. We believe this to be one of the most healthy portions of our State. We are generally free from all epidemics. While typhoid fever, dysentery, diphtheria, scarlatina, &c., will prevail fatally on all sides of us, we will be comparatively exempt. This I know has happened several times within the last thirty years.

"During the year I have had more than an average number of cases of fever, as it prevailed with us, some of a very grave form, but all recovered under the usual supporting treatment. I have met with more cases of erysipelas than usual, but they were of a manageable type. The tinct. chlorid. ferri. I consider almost a specific in this disease, when given in doses sufficiently large to bring the system under its influence. As a topical application I use the tinct. iodine over the inflamed surface. I have also used what several years since was called a specific in the Penna. Hospital, and was in many cases wholly depended upon in the treatment of the disease—viz:

B. Tinct. Ferri. Chlo.
Tinct. Cinchonæ āā zii.
Quin. Sulph. grs. xxx.
Aquæ 3iss. M.

Sig. To be applied every two or three hours with a brush, over the inflamed parts. Collodion painted over the whole inflamed surface is in many cases a very efficient application.

"Perhaps with this prevalence of erysipelas is associated the fact that in my obstetrical practice I have met with several cases of puerperal fever. The labors were natural, but followed by a chill and concomitant symptoms, within twenty-four hours after delivery. In one case the patient did not rally from the shock of the chill, but sank on the third day after confinement. A question comes up in connection with this case, whether a physician should attend a case of labor during the time that he has charge of a case of traumatic erysipelas. I was attending at the time, a case of compound fracture of the tibia and fibula near the ankle joint, which within two or three days after the accident was followed by all the symptoms of The two patients lived within a few acute pyæmia. hundred feet of each other, and I passed frequently from one to the other. The labor lasted about forty-eight hours. During that time I visited my surgical case from the room of my obstetrical patient, and vice versa, as circumstances required. I had several cases following this one, all of which resulted favorably. I had also attended a case of puerperal peritonitis, a short time before this fatal case, which resulted favorably. At the time, and since, I have almost censured myself for attempting to conduct two such cases simultaneously.

"Another question arises in looking over the course and result in the case of compound fracture alluded to, which is the safer and true course to pursue when we are called to attend a compound fracture of both bones of the leg near the ankle-joint? During the last year, I attended a case of fractured fibula and compound luxation of the ankle joint, which was not followed by a single untoward symptom. With the plaster of paris dressing, a complete cure was accomplished in a very short time. But in this case, that of a stout man, to all appearances in good health, and about forty years of age, in whom we could look, if ever, for a favorable issue, he was taken with a chill on the second or third day after the injury, and with all careful nursing and attention could do, he died at the end of the second week, from exhaustion, having passed through the stages of pyæmia.

How are we to determine when it is necessary to interfere? In this case, after untoward symptoms supervened, no chance was offered for amputation, and previously it was not called for.

"Another case: A railroad accident, in which a young man fell between the platform of a car and a passing coal train, a wheel of one of the trucks passed transversly over the leg about half an inch above the ankel joint. The limb, when I first saw it, about twenty minutes after the accident, seemed to be crushed for a space the width of the wheel, about two and a half inches. To all, there seemed but one thing to be done—to amputate the foot; but, owing to circumstances, the amputation was postponed from the time of the accident, about nine and a half o'clock in the evening, until the next morning, when I visited the patient, expecting to amputate. Upon consultation, the operation was postponed till afternoon, when the limb was found in a better condition than was expected. The circulation was restored to the foot, and with it sensation, which led us to to give the patient a chance for saving his limb. The comminuted bone was removed through an opening in the integuments, and the limb placed in a fracture box, with bran dressing, &c. I syringed the wound every day with water, followed by a solution of carbolic acid; using internally, quinine and tinct. of iron, with a nourishing diet. With the exception of an attack of erysipelas, the result of sudden change of temperature, not an unfavorable symptom supervened. It is now six months since the injury was received, and the patient is slowly recovering the use of his limb, which will be about two inches and a half shorter than the other, having a fair use of the ankle joint, and, taking all things into consideration, a useful limb.

There certainly can be no rule to follow in these cases,

unless it is save the life of your patient, and if possible, also the limb; but when to interfere, is to be left to the judgment of the attendant."

Our County Society have made partial arrangements for its semi-centennial, which will occur in the year 1876.

J. C. JOHNSON, Reporter.

No report from Passaic County.

CORRECTION OF THE MINUTES.

To seventh line from top of page 28, add "The report was adopted, and."

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TRANSACTIONS

OF THE

MEDICAL SOCIETY

OF

NEW JERSEY.

1876.

NEWARK, N. J.:

JENNINGS & HARDHAM, STEAM PRINTERS AND BOOKBINDERS, 153 and 155 Market Street.

1875.

OFFICERS, 1876.

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FELLOWS.

All persons who shall have been, or may hereafter be President of the Society, shall rank as Fellows, and be entitled to all the privileges of delegated members.

Act of Incorporation, Sec. 1.

Those marked thus [*] are deceased. *CHARLES SMITH...... 1811 *WILLIAM BURNETT......1767 *MATT. H. WILLIAMSON....1812 *John Cochran 1768 *NATHANIEL SCUDDER 1770 *JOHN VAN CLEVE......1815 *Lewis Dunham.......1816 *Peter I. Stryker 1817 *ABSALOM BAINBRIDGE.....1773 *John Van Cleve......1818 *Thomas Wiggins.......1774 *LEWIS CONDICT......1819 *WILLIAM G. REYNOLDS....1821 *Augustus R. Taylor....1822 *WILLIAM B. EWING 1828 *LAWRENCE VAN DERVEER...1784 *Peter I. Stryker...... 1824 *Moses Bloomfield......1785 *GILBERT S. WOODHULL...1825 *WILLIAM BURNETT..... 1786 *Wm. D. McKissack 1826 *Jonathan Elmer 1787 *Isaac Pierson......1827 *JEPHTHA B. MUNN..... 1828 *JOHN W. CRAIG 1829 *Mosrs Scott1789 *Augustus R. Taylor....1880 *THOMAS YARROW..... 1881 *Fitz Randolph Smith. . . 1832 *William Forman.....1838 *JONATHAN F. MORRIS. 1807 *Samuel Hayes..........1834 *Peter I. Stryker........1808 *ABM. P. HAGERMAN 1835 *HENRY VAN DERVEER.... 1836 *Lyndon A. Smith 1837

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*JABEZ G. GOBLE1839	*Isaac P. Coleman1858
*Thomas P. Stewart1840	JOHN R. SICKLER 1859
*Ferdinand S. Schenck1841	Wm. Elmer1860
ZACHARIAH REED1842	JNO. BLANE
*Abraham Skillman1843	JNO. WOOLVERTON1869
GEORGE R. CHETWOOD1844	THEO. R. VARICK1868
*Robert S. Smith1845	EZRA M. HUNT
*Charles Hannah 1846	ABRAM COLES
*Jacob T. B. Skillman1847	Benj. R. Bateman 1866
SAMUEL H. PENNINGTON1848	JNO. C. JOHNBON1867
JOSEPH FITHIAN1849	THOS. J. CORSON1868
*Elias J. Marsh 1850	WM. PIERSON
JOHN H. PHILLIPS1851	THOS. F. CULLEN 1870
*Othn'l H. Taylor 1852	CHAS. HASBROUCK 1871
SAMUEL LILLY1853	FRANKLIN GAUNTT 1872
*A. B. DAYTON1854	T. J. THOMASON
J. B. COLEMAN 1855	G. H. LARISON
*RICHARD M. COOPER1856	Wm. O'GORMAN 1875

HONORARY MEMBERS.

*DAVID HOSACK, New York	1827
*J. W. Francis	1827
*John Condict, Orange	1830
*Noah Parsons, Rhode Island	1839
*REUBEN D. MURPHY, Cincinnati	1839
ALBAN G. SMITH, New York	1839
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*VALENTINE MOTT, New York	1848
*Jonathan Knight, New Haven	1848
*Nath'l Chapman, Philadelphia	1848
*ALEX. H. STEPHENS, New York	1848
*Lewis C. Beck, New York	
*John C. Torrey, New York	1850
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Jos. Parrish, Media, Penn	1872
FERRIS JACOBS, Delhi, N. Y	1872
C. A. LINDSLEY, New Haven, Conn	1872
WM. PEPPER, Philadelphia	
J. WEIR MITCHELL Philadelphia	1876

MEMBERS OF DISTRICT MEDICAL SOCIETIES

REPRESENTED AT THE

ANNUAL MEETING, 1876.

BERGEN COUNTY.

(District Society organized February 28, 1854.)

M. S. Ayres,	Fairview.	C. Hasbrouck,	Hackensack.
A. S. Burdett,	Hackensack.	H. A. Hopper,	"
D. C. Carr,	Closter.	H. C. Neer,	Park Ridge.
A. Clendinen,	Fort Lee.	J. M. Simpson,	Schraalenburgh.
D. A. Currie,	Englewood.	D. St. John,	Hackensack.
F. A. Davis,	Rutherford.	G. C. Terhune,	"
J. T. DeMund,	Wortendyke.	A. P. Williams,	Rutherford.
J. J. Haring,	Tenafly.	S. J. Zabriskie,	Westwood.
No. Members, 16.		Спав. Навв	ROUCK, Secretary.

BURLINGTON COUNTY.

(District Society organized May 19, 1829.)

J. H. Pugh,	Burlington.	E. P. Townsend,	Beverly.
Franklin Gauntt,	"	A. W. Taylor,	"
L. Van Rensselaer,	"	Alex. Elwell,	Vincentoson.
Joseph Parrish,	"	S. C. Thornton,	Moorestown.
Chas. A. Baker,	"	N. N. Stokes,	44
Henry H. Longstreet,	Bordentown.	Lewis Sharp,	Medford.
Irene D. Young,	"	J. Reeve,	4.6
L. P. Jemison,	"	Theophilus T. Price,	Tuckerton.
R. H. Page,	Columbus.	Stanley G. Clark,	"
Daniel Van Mater,	44	E. Hollingshead,	Pemberton.
A. E. Budd,	Mt. Holly.	George Goodell,	Syke s ville.
R. E. Brown	"		

No. Members, 23.

E. P. TOWNSEND, Secretary.

CAMDEN COUNTY.

(Organized August 14, 1846.)

John V. Schenck,	Camden.	Thomas G. Rowand, Camden.
Thomas F. Cullen,	46	James A. Armstrong, "
H. Genet Taylor,	"	E. J. Snitcher, "
Alexander Marcy,	44	W. P. Melcher, "
James M. Ridge,	"	John W. Snowden, Waterford.
Alexander M. Mecray,	"	N. B. Jennings, Haddonfield.
J. Orlando White,	"	I. W. Hewlings, Jr., "
Randall W. Morgan,	"	C. H. Shivers, "
Richardson B. Okie,	44	J. Gilbert Young, "
Isaac B. Mulford, Jr.,	"	John R. Stevenson, "
D. Parrish Pancoast,	"	H. L. Branin, Blackwoodtown.
John R. Haney,	"	J. W. McCullough, "
W. H. Ireland,	46	H. A. M. Smith, Gloucester City.
Thomas Westcott,	6.	George W. Broughman, "
Maximillian West,	u	Edwin Tomlinson, "
L. L. B. Godfrey,	"	D. W. Blake, "

HONORARY MEMBERS.

Joseph F. Garrison, Camden. A. D. Woodruff, Princess Anne, Md. R. C. Dean, U. S. N., Washington. Peter V. Schenck, St. Louis, Mo. No. Members, 32.

H. Genet Taylor, Secretary.

CUMBERLAND COUNTY.

(Organized December 8, 1818.)

B. R. Bateman,	Cedarville.	Jos. Sheppard,	Bridgeton.
E. E. Bateman,	"	H. W. Elmer,	66
Eph. Bateman,	44	W. L. Newell,	Millvills.
R. M. Bateman,	66	J. S. Whitaker,	66
George Tomlinson,	Roadstown.	C. H. Dare,	Shiloh.
J. Barron Potter,	Bridgeton.	Geo. M. Paullen,	"
T. J. Smith,	66	S. G. Cattell,	Deer field.
R. W. Elmer,	"	T. E. Stathem,	Greenwich.
W. Elmer, Sr.,	"	D. B. Ingersoll,	May's Landing.

HONORARY MEMBER.

Enoch Fithian, Greenwich.

No. Members, 18.

H. W. Elmer, Secretary.

ESSEX COUNTY.

(Society organized June 4, 1816.)

· • • · · ·	
- Bailey, Bloomfield. Archibald Mercer,	Newark.
Asron K. Baldwin, Nowark. Andrew M. Mills,	46
M. Baldwin, "Edward P. Nichols,	66
Hermann C. Bleyle, "Isaac A. Nichols,	"
Carl Buttner, Orange. Wm. O'Gorman,	"
T. N. Bradfield, Newark. Sam'l H. Pennington,	46
Wm. J. Chandler, S. Orange. Stephen Personett,	Verona.
Abram Coles, Newark, W. Nick Pindell,	Newark.
J. C. Corson, Orange, Wm. Pierson,	Orange.
J. A. Corwin, 'Newark. Wm. Pierson, jr.,	46
	Montclair.
,	Newark.
J. A. Cross, Newark. Wm. Rankin, Daniel M Dill "Phillippe Ricord	LVEWGTA.
Daniel M. Dill, I milippe incore,	
Alexander N. Dougherty, "David S. Smith,	Irvington.
A. Mead Edwards, "D. Winans Smith,	Newark.
Christopher Eyrich, " Edward D. G. Smith,	44
Geo. C. Freeborn, "Lott Southard,	44
W. B. Grover, "Charles W. Stickney,	66
Ella Haines, " E. B. Thompson,	Orange.
Trevonion Haight, "M. H. C. Vail,	Newark.
H. Campbell Hendry, "G. A. Van Wagenen,	"
Peter V. Hewett, "Arthur Ward,	
Edgar Holden, "Leslie D. Ward,	"
W. H. Holmes, Orange. E. T. Whittingham,	"
· · · · · · · · · · · · · · · · · · ·	"
Joseph B. Jackson, Newark. Stephen Wickes,	" Millburn. Orange
Joseph B. Jackson, Newark. Stephen Wickes, Charles J. Kipp, " Frank Wilmarth,	" Millburn.
Joseph B. Jackson, Newark. Stephen Wickes, Charles J. Kipp, " Frank Wilmarth,	" Millburn. Orange E. Orange.

No. Members, 56.

CHAS. Young, Secretary.

GLOUCESTER COUNTY.

(Society organized December, 1818.)

L. A. D. Allen,	Woodstown.	A. Trenchard,	Williamstown.
Wm. H. Turner,	Mantua.	H. C. Buckingham,	Clayton.
C. Grant Garrison,	Swedesboro.	Jno. H. Ashcroft,	Mullica Hill.
H. C. Clark,	Woodbury.	Jno. D. Heritage,	Glassboro.
S. T. Miller,	Paulsboro.	Paul S. Heritage,	Hurfville.
Samuel F. Fisler,	Clayton.	-	-

No. Members, 11.

WM. H. TURNER, Secretary.

HUDSON COUNTY.

(Society organized October 1, 1851.)

L. W. Elder,	Hohoken.	B. A. Andrew,	Jersey City.
J. H. Vondy,	Jersey City.	F. C. Selnow,	44
D. L. Reeve,	44	J. A. Blake,	West Hoboken.
S. R. Forman,	46	F. C. Rau,	44
T. F. Morris,	66	H. M. Eddy,	Jersey City.
E. P. Buffett,	66	J. D. Van Saun,	"
J. Kudlick,	Hoboken.	J. Lochner,	66
J. W. Hunt,	Jersey City.	C. H. Yerrington,	"
F. E. Noble,	44	C. C. Young,	44
J. Craig,	44	R. W. Fry,	"
J. B. Burdett,	66	D. Murray,	46
D. S. Hardenberg,	66	M. Lampson,	46
C. H. Case,	44	J. R. Waldemeyer,	46
C. O. Veirs,	. "	L. J. Gordon,	66
T. Geisler,	Hoboken,	H. Braunstein,	Hoboken.
J. J. Prendergast,	Jersey City.	A. Freeman,	Jersey City.
E. J. Lowenthal,	Hoboken.	S. V. W. Stout,	46
A. A. Lutkins,	Jersey City.	W. C. Lutkins,	66
B. D. Carpenter,	64	Walter Bay,	46
H. Mitchell,	64	J. Q. Bird,	"
No. Members, 4	0.	Wm. R. Fise	ER, Secretary.

HUNTERDON COUNTY.

(Society organized June 12, 1821.)

Matthias Abel,	Quakertown.	C. W. Larison,	Ringoes.
A. W. Armitage,	Woodsville.	R. G. Ludlow,	Neshanic.
John Blane,	Perryville.	A. S. Pittinger,	Clover Hill.
N. B. Boileau,	"	Geo. T. Ribble,	Milford.
Geo. W. Bartow,	Three Bridges.	Jno. F. Schenck,	Flemington.
W. S. Creveling,	Bethlehem.	Wm. H. Schenck,	
Isaac S. Cramer,	Sergeantsville.	Geo. R. Sullivan,	44
M. D. Knight,	Little York.	Theo. H. Studdiford,	Lambert ville.
Wm. Knight,	Annandale.	Albert Shannon,	Stanton.
Sam'l Lilly,	Lambertville.	O. H. Sproul,	Stockton.
Geo. H. Larison,	"		

No. Members, 21.

O. H. SPROUL, Secretary.

MERCER COUNTY.

(Society organized July 24, 1848.)

James B. Coleman,	Trenton.	Wm. Green,	Trenton.
John Woolverton,	"	Ed. H. Reed,	u
W. W. L. Phillips,	16	Chas. F. Deshler,	Hightstown.
Thomas J. Corson,	"	I. I. Ribble,	Trenton.
Chas. Skelton,	"	Wm. Elmer,	u
Chas. Hodge,	44	Herman Schaffer,	"
O. H. Bartine,	Princeton.	Lyman Levitt,	66
R. R. Rogers,	Trenton.	T. H. Makenzie,	u
Charles Shepherd,	44	J. W. Ward,	u
David Warman	"	Wm. S. Lalor,	u
Jos. L. Bodine,	"	A. W. Armitage,	Woodsvills.
J. B. James,	"	Charles H. Dunham,	Trenton.
I. H. Wykoff,	Princeton.	Charles P. Britton,	"
H. W. Coleman,	Trenton.	Elmer Barrows, Ham	ilton Bquare.
No. Members, 28.	I	H. WALDBURG COLEMAN	N, Secretary.

MIDDLESEX COUNTY.

(Society organized June 13, 1816.)

H. R. Baldwin,	New Brunswick.	N. Williamson,	New Brunswick.
S. V. D. Clark,	66	John Helm,	u
D. C. English,	46	C. H. Andrews,	Metuchen.
G. J. Janeway,	44	E. M. Hunt,	66
W. E. Mattison,	66	F. B. Norton,	44
C. Morrogh,	46	J. C. Holmes,	Cranberry.
P. H. Shannon,	"	A. Treganowan,	South Amboy.
D. Stephens,	"	C. M. Slack,	Dayton.
R. Van Dyke,	66	W. V. Wilson, Ma	nmouth Junction.
C. H. Voorhees,	**		

No. Members, 19.

MONMOUTH COUNTY.

(Society organized July 24, 1816.)

J. E. Arrowsmith,	Keyport.	James Holmes,	Allentoun.
Asher T. Applegate,	Englishtown.	Samuel Johnson,	Long Branch.
I. A. Beegle,	Blue Ball.	Robert Laird,	Squan Village.
Robert R. Conover,	Red Bank.	Charles A. Laird,	44

Henry G. Cooke,	Holmdel.	I. S. Long,	Freehold.
John Cooke,	Englishtown.	Wm. A. Newell,	Allentown.
James S. Conover,	Freehold.	P. B. Pumyea,	Imlaystown.
Charles A. Conover,	Marlborough.	T. J. Thomason,	Perrineville.
S. M. Disbrow,	Squankum.	John Vought,	Freehold.
D. McLean Forman,	Freehold.	George T. Welch,	Keyport.
Jos. B. Goodenough	, Long Branch.	Wilmer Hodgson,	"
A. A. Howell,	Allentown.	W. R. Kenmouth,	Farmingdale.
A. A. Higgins,	Squan Village.	James H. Patterson,	Shrewsbury.
S. H. Hunt,	Eatontown.	James E. Cooper,	Colt's Neck.

HONORARY MEMBERS.

J. S. English, Manalapan. A. V. Conover, Freshold.
Edward Taylor, Middletown.

No. Members, 28. .

JNO. VOUGHT, Secretary.

MORRIS COUNTY.

(Society organized, June 1, 1816.)

C 4 - 3	25.22	T (1 Tim 3-1	37
C. Anderson,	Madison.	J. C. Lindsley,	Morristown.
D. S. Ayres,	Rockaway.	Chas. H. Ludlum,	Boonton.
P. C. Barker,	Morristown.	A. A. McWithey,	Pompton.
I. W. Condict,	Dover.	F. W. Miller,	Whippany.
A. E. Carpenter,	Boonton.	F. W. Owen,	Morristown.
E. P. Cooper,	Parsippany.	Stephen Pierson,	66
T. R. Crittenden,	Dover.	J. Riches,	Succasunna.
J. O. Cummins,	46	C. D. V. Romondt,	Pompton.
T. B. Flagler,	Morristown.	J. G. Ryerson,	Boonton.
Jos. S. Farrow,	Flanders.	F. F. Sanders,	Morristown.
Levi Farrow,	Middle Valley.	I. H. Stiger,	Mendham.
P. A. Harris,	Dover.	Jno. S. Stiger,	44
H. Hulshizer.	Port Oram.	-	

OCEAN COUNTY.

I. C. Schureman,
D. C. Chase,
P. K. Hilliard,
C. O. Gordon,
S. B. Irwin,
R. L. Disbrow.

E. Marston,

No. Members, 7.

HONORARY MEMBERS.

C. R. Nelden,	Stanhope.	N. Condict,	Morristown.
E. B. Gaines,	Boonton.	R. W. Stevenson,	"
No. Members, 25.		STEPHEN PIERS	on, Secretary.

PASSAIC COUNTY.

(Society organized July 14. 1844.)

Oswald Warner,	Paterson.	Ridley Kent,	Paterson.
S. R. Merrill,	46	A. W. Rogers,	"
Jas. C. Amiraux,	46	R. J. Whiteley,	"
J. R. Leal,	"	Michael Moss,	66
Sarah F. Mackintosh,	"	C. S. Van Riper,	"
H. C. Van Gieson,	"	E. J. Marsh,	44
G. H. Balleray,	"	John Quin;	"
Patrick Cahill,	"	O. V. Garnett,	"
Jacob Henggler,	"	G. W. Terriberry,	44
Wm. Blundell,	46	Wm. Busse,	"
T. J. Kane,	"	Jas. H. Macintosh,	"
Wm. Kent,	"	Chs. W. F. Myers,	"
I. S. Bibby,	66	E. F. Brush,	44
C. Terriberry,	"	Spencer Van Dalsen,	"
C. Van Riper,	Passaic.	G. Terhune,	Passaic.
J. C. Herrick,	"	R. A. Terhune,	"
F. W. Rice,	44	Jas. H. Casey,	٤٠

No. Members, 84.

JAS. C. AMIRAUX, Secretary.

SUSSEX COUNTY.

(Society organized August 22, 1829.)

T. H. Andress, Pres.,	Sparta.	John Moore,	Deckertown.
J. L. Allen,	La fayette.	John Miller,	Andover.
Carlos Allen,	Vernon.	L. D. Miller,	Newton.
J. B. Boss,	Spar ta.	Ephraim Morrison	, 44
F. M. Cannon,	Deckertown.	J. F. McCloughan	, Swartswood.
J. P. Couse,	Hamburg.	C. R. Nelden,	Stanhops.
Martin Cole, Jr.,	Hainsville,	J. B. Pellet,	Hamburgh.
C. K. Davidson,	Stanhope.	Thomas Roe,	Walpack Centre.

Joseph Hedges,	Branchville.	Thomas Ryerson,	Newton.	
Jonathan Havens, See	y, Newton.	Franklin Smith,	•6	
P. N. Jacobus, V. P.,	Beemerville,	D. M. Sayre,	"	
W. H. Linn,	Hamburg.	H. McDonald Struble,	Andover.	
C. V. Moore,	Stillwater.	Eugene Schumo,	Laytons.	

No. of Members, 26. Jonathan Havens, Secretary.

UNION COUNTY.

(Society organized June 7, 1869.)

C. H. Stillman, Pres't,	Plainfleld.	T. L. Hough,	Elizabeth.
Robert Westcott, V. P.,	Elizabeth.	E. B. Silvers,	Rahway.
T. N. McLean, Secretary	, "	J. K. McConnell,	Cranford.
J. A. Coles, Treas., Scot	tch Plains.	J. S. Crane,	Elizabeth.
H. H. James, Reporter,	Rahway.	A. M. Cory,	New Providence.
L. W. Oakley,	Elizabeth.	J. B. Probasco,	Plainfleld.
D. W. C. Hough,	Rahway.	T. H. Tomlinson,	"
J. S. Green,	Elizabeth.	H. C. Pierson,	Roselle.
F. A. Kinch,	Westfield.	Wm. K. Gray,	Summit.
J. O. Pinneo,	E lizabeth.	Sherman Cooper,	Westfield.
Alonzo Pettit,	46	F. B. Gillette,	Plainfield.
Thomas Terrill,	"	H. D. Burlingham	, "
Ph. H. Grier,	u	E. V. Stryker,	West field.
William Gale,	Westfield.	Chas. A. Kinch,	*6
John S. Brosnan,	Elizabeth.	Victor Mravlag,	Elizabeth.
S. E. Arms,	"	David Schleimer,	16
J. H. Grier,	**	William C. Boone,	Plainfield.
W. U. Selover,	Rahway.	Lewis Drake,	Rahway.
Louis Braun,	Elizabeth.	C. F. Stillman,	Plainfield.

No. of Members, 38.

T. N. McLean, Secretary.

WARREN COUNTY.

(Society organized February 15, 1826.)

P. F. Brakeley,	Belvidere.	J. M. Paul, Jr.,	Belvidere.
8. S. Clark, .	"	H. S. Harris,	66
P. F. Hulshizer,	Stewartsville.	Wm. H. McGee,	46
John C. Johnson,	Blairstown.	L. M. Osmun,	Phillipsburg.
L. C. Osmun,	Delaware.	J. F. Shepperd,	44
John S. Cook,	Hackettstown.	John H. Griffith,	44
Theodore Crane,	44	Henry H. Rinehart,	Hops.
E. T. Blackwell,	46	T. T. Mutchler,	Broadway.
Wm. M. Hartpence,	Oxford.	Wm. J. Roe,	Danville.

HONORARY MEMBER.

James C. Fitch,

Hope.

No. of Members, 18.

P. F. BRAKELY, Secretary.

SUMMARY.

Bergen, .				16	Monmouth,				28
Burlington,				23	Morris, .				25
Camden, .				32	Ocean, .				7
Cumberland,				18	Passaic,				34
Essex, .				56	Sussex, .				26
Gloucester,				11	Union, .				3 8
Hudson, .				40	Warren, .				18
Hunterdon,				21					
Mercer, .				28	Total,				440
Middlesex,				19					

TRANSACTIONS

OF THE

MEDICAL SOCIETY OF NEW JERSEY.

THE ONE HUNDRED AND TENTH ANNUAL MEETING.

The Society assembled in the drawing-rooms of Congress Hall, in Cape May City, on Tuesday evening, May 23d, 1876, at 7.30 o'clock.

Dr. Wm. O'Gorman, President, occupied the chair, supported by Vice-Presidents Schenck, Baldwin and Cook. All the officers, excepting Drs. Ryerson and Thornton of the Standing Committee, were present.

The session was opened with prayer by the Rev. Mr. Shields, of Cape May.

The Committee on Organization, by the Secretary reported the following as duly accredited delegates (Dr. L. W. Oakley acting on the Committee by appointment of the President):

Bergen—D. A. Currie, A. Clendenin, H. A. Hopper, M. S. Ayres.* Members, 16.

Burlington— Theo. T. Price, Joseph Parish,* Alex. Elwell, Franklin Gaunt, R. E. Brown. Members, 23.

Canden—John W. Snowden, Alex. Marcy, H. Genet Taylor, Alex. M. Marcy, N. B. Jennings. Members, 82.

Cumberland—J. S. Whitaker, T. J. Smith, Geo. Tomlinson, H. W. Elmer. Members, 19.

Essex—A. N. Dougherty, W. Rankin, A. Mercer, J. A. Cross, J. J. H. Love, J. D. Ward, A. Ward, E. P. Nichols. Members, 56.

Gloucester—S. F. Fisler, P. S. Heritage, W. H. Turner. Members, 11.

Hudson—F. F. Morris, S. R. Forman, W. R. Fisher, J. B. Burdett, H. Mitchell, J. R. Waldmeyer. Members, 41.

Hunterdon—Isaac S. Cramer, O. H. Sproul, W. S. Creveling, Geo. W. Barton. Members, 20.

Mercer—D. Warman, J. I. B. Ribble, J. W. Ward, R. R. Rodgers, W. Green. Members, 28.

Middlesex—G. J. Janeway, C. H. Voorhees, N. Williams, D. E. Engish. Members, 18.

Monmouth—J. E. Arrowsmith, Robt. R. Conover, Geo. T. Welch,* D. McLean Forman. Members, 28.

Morris—D. L. Ayres, F. F. Sanders, J. G. Ryerson, E. P. Cooper, Levi Farron. Members, 25.

Ocean-C. O. Gordon, P. K. Hilliard, S. B. Erwin. Members, 7.

Passaic—G. H. Ballery, A. W. Rogers, James H. Mackintosh, J. R. Leal, Charles W. F. Myers, Jas. C. Amiraux. Members, 34.

Sussex—T. H. Andress, J. B. Pellet, F. M. Cameron, Joseph Hedges. Members, 26.

Union—L. W. Oakley, J. A. Coles, T. H. Tomlinson, Jas. S. Green, W. U. Selover, E. B. Silvers. Members, 38.

Warren—P. F. Brakely, L. M. Osmun, J. F. Sheppard, Wm. H. McGee. Nembers, 18

Reporters—James M. Ridge, Camden; F. Wilmarth,* Essex; C. Grant Garrison, Gloucester; Leonard J. Gordon,* Hudson; C. W. Larison, Hunterdon; H. W. Coleman,* Mercer; D. C. English, Middlesex; P. C. Harris,* Morris; Sarah F. Mackintosh,* Passaic; H. H. James, Union; S. C. Thornton, Burlington.

The Secretary also reported the following persons, delegates from Corresponding Societies, as being present:

Drs. Goodell and Ash, of Pennsylvania; Dr. Newman, of New York; Dr. Wiggin, of Rhode Island; Dr. Cutler, of Massachusetts; and Dr. Bibber, of Maine.

Fellows Present—S. H. Pennington, Joseph Fithian, Samuel Lilly.

^{*} Absent. † Reported subsequently.

Joseph. R. Sickler, Wm. Elmer, Sr., John Blane, John Woolverton Ezra M. Hunt, Benj. R. Bateman, Thomas J. Corson, William Pierson, Sr., Thomas F. Cullen, Charles Hasbrouck, Franklin Gauntt, Thomas J. Thomason, George H. Larison.

Honorary Members Present—J. S. English, S. Wickes and William Pepper.

The Minutes of the last Annual Meeting were read and approved.

On motion of Dr. S. Lilly, the following resolution was adopted:

Resolved, That the delegates from corresponding Societies, Prof. D. Hays Agnew, Prof. W. Pepper, Drs. Levis, Atkinson, J. Solis Cohen, Andrews, Dunglison, from Philadelphia; Prof. Traill Green, of Easton, and all members of the profession from other States, and members of District Medical Societies of this State, and the resident physicians of Cape May, be and they are hereby cordially invited to seats as corresponding members.

The Committee of Arrangements, through their chairman, Dr. Bateman, addressed the Society as follows:

GENTLEMEN OF THE MEDICAL SOCIETY OF NEW JERSEY:

At the Annual Meeting held last year at Atlantic City, the Cumberland County District Medical Society extended an invitation to the Medical Society of New Jersey to meet this year at Cape May City. This invitation was accepted, with a like invitation from the District Society of Gloucester, which Society wished to share the honors of the occasion with Cumberland.

A Committee was appointed to carry out the necessary arrangements for holding the Annual Meeting in this city.

The Committee have made every effort, as they believe, to render this meeting pleasant and satisfactory. Having first secured this celebrated place (Congress Hall) for its session, they obtained a free pass from and to Camden, through the liberality of the New Jersey Railroad Company, and arrangements were also effected with the Pennsylvania R. R. of the New Jersey Division, for excursions tickets (at about half the usual fare) which will be good until the 29th inst.

This evening at 10.80 there will be a collation and social reunion in

the drawing-room of the hotel, given to the delegates, their families and invited guests, by the physicians of Cumberland, Gloucester and Cape May; to which you are all cordially invited.

On Wednesday, after the adjournment, or whenever it may suit your pleasure, Mr. Alexander Whilden, of Philadelphia, has made provision to convey the Society and all others present, to the new city of "Sea Grove," about one and a half miles distant, which invitation so generously extended, I hope you will accept.

And now, gentlemen, in the name of the District Societies of Cumberland and Gloucester, and the Medical Society of Cape May, I welcome you to this "City by the sea." You have in your annual sessions visited Long Branch and Atlantic City, and to day we are happy to greet you at this celebrated watering place, at the southern extremity of our State. How grand and majestic are its objects! The broad Atlantic and the waters of the Delaware here commingle and are studded with commercial canvas from every nation.

This city, which you have honored with your presence, as a sea-side resort, has no superior along the Jersey coast. It is very justly celebrated for

1st. Its Humidity.

2d. Its Drinking Water.

3d. Its Drainage or Sewerage.

4th. Its Artesian Well.

5th. Its Organized Fire Department.

6th. Its Magnificent Drives.

7th. Its Unrivalled Beach.

8th. Its Temperature.

From the report of Capt. H. W. Howgate, of the Signal Service, we learn that the mean daily temperature of Cape May, Atlantic City, and Long Branch, for the months of July, August and September, 1874, was as follows: Cape May 68.9, Atlantic City 69.2, and Long Branch 69.6. This report also represents Cape May as having a dryer atmosphere than its rival, Atlantic City, during the hot summer months.

These facts render this watering place a desirable resort for those in quest of health, as well as for those seeking simple relaxation from business.

Dr. S. S. Marcy, who has been a practicing physician at Cape May for the past fifty-five years, says that during the first forty years, he never met with an idiopathic case of intermittent fever, when the patient resided continuously on the Cape, and but few cases where the individual spent part of his time in this county. He has met with no cases among visitors, except in a few instances, where the disease could be fairly traced to excess of sea bathing. He also states that the typhoid fever is of rare occurrence, and very amenable to treatment. During his long and extensive experience, he has never known an epidemic of any disease to prevail during the summer, and visitors leaving the city on account of affections of the alimentary canal, speedily recover after a short residence at this locality.

To this city, beautiful by nature and by art, with its invigorating atmosphere and wonderful resources, its grand hotels and magnificent residences, it is my pleasure to bid the Medical Society of New Jersey a hearty welcome; it is our hope that your visit here may be among those things worthy to be remembered this Centennial year.

Gentlemen, brethren, thrice welcome to our hospitality.

The President read the Annual Address, the subject of which was "External Influences on Medicine."

On motion of Dr. Bateman, a vote of thanks was returned to the President for his able and interesting address, with a request that he furnish the Standing Committee with a copy for publication.

The Committee on Medical Ethics and Judicial Business, reported that there had been no business before the Committee during the year.

The Committee on Old Records of this Society, reported that it had published in pamphlet the records of the Society from the first meeting in 1766 to 1800.

An invitation from Mr. Whilden for the members of the Society to visit Sea Grove after adjournment tomorrow, was accepted.

A communication from Dr. J. D. McGill was received, and, on motion of Dr. Pennington, was referred to the Committee on Medical Ethics.

On motion of Dr. Wickes, the President appointed Drs. Lilly and Hunt on the Standing Committee, pro re nata, as the chairman was the only member in attendance.

The delegations of the several District Societies named their member of Nominating Committee as follows:

Bergen, H. A. Hopper; Burlington, F. Gaunt; Camden, J. W. Snowden; Cumberland, S. Whitaker; Essex, A. Ward; Gloucester, P. S. Heritage; Hudson, S. R. Forman; Hunterdon, J. S. Cramer; Mercer, J. I. B. Ribble; Middlesex, C. H. Voorhees; Monmouth, D. Mc-Lean Forman; Morris, D. S. Ayres; Ocean, ———— Gordon; Passaic, C. F. W. Myers; Sussex, J. Hedges; Union, L. W. Oakley; Warren, P. F. Brakeley.

The President announced the Committee, and named P. F. Brakely as the chairman.

The President also announced the following Committees:

Committee on Unfinished Business.—Drs. Thomason, Green, and Cross.

Committee on Treasurer's Accounts.—Drs. Arrowsmith, Voorhees, and Taylor.

The credentials and theses of Louis Rein and Edward Mueller of Hudson, candidates for the degree of M. D., were received and referred to the following Committee:

Drs. Pennington, Hunt, and Lilly.

Adjourned until nine o'clock to-morrow morning.

WEDNESDAY MORNING.

The President in the chair. Prayer was offered by the Rev. Mr. Garrison, of Camden.

A petition from Dr. Payne, of Hudson, was received,

and, on motion of Dr. Lilly, was referred to Committee on Ethics.

The Annual Report of the Standing Committee was read by Dr. S. Wickes, the chairman. The report was adopted and referred to Committee on Publication. A half hour was devoted to remarks upon the report, which was occupied by Drs. Hopper, Ridge, A. W. Rogers, Gauntt, J. Solis Cohen, and Wm. B. Atkinson.

Dr. Wickes introduced a blank which he said was a copy of one which had been used the past year by the reporter of the Morris District Society with great advantage, and he recommended its use by the reporters generally. (See Appendix, No. IX.)

Dr. Lilly, to whom was referred the writ of the Supreme Court of New Jersey, read his report, the recommendations of which were adopted. (See Appendix, No. I.) Drs. H. R. Baldwin and L. W. Oakley were added to the Committee.

On motion of Dr. Lilly, Drs. Lilly and Phillips were appointed a Committee to prepare and present to Barker Gummere, Esq., some expression of regard for the valuable services he has rendered the Society as law counsellor.

The Committee on Dr. Hunt's resolutions, by the chairman, Dr. Brakely, reported as follows:

The Committee to whom was referred the resolutions offered by Dr. E. M. Hunt, in reference to State legislation as to public health, feeling the subject to be one of vital interest, recommend the following resolutions:

Resolved, That the prevention of disease so far involves the interests of citizens as that it should be a subject of Legislative consideration.

Resolved, That we do not approve of any action by which Health Boards are constructed with reference to providing an assortment of Physicians of various medical sects.

Resolved, That any attempt to construct Medical Boards by legislative enactment, of different so-called schools, either for the purpose of Medical Examinations, or for Health Boards, should not receive the encouragement of any member of this Society.

All of which is respectfully submitted.

P. F. BRAKELEY, J. M. RIDGE, EZRA M. HUNT,

The resolutions were adopted.

Dr. Love announced the death of Dr. A. W. Woodhull, a delegate to this Society, and moved that a Committee be appointed to prepare resolutions expressive of the sentiments of this body. His motion was adopted, and a Committee consisting of Drs. Love, Smith and Cross, being appointed, subsequently reported the following, which were adopted:

WHEREAS, This Society have been informed of the death, on the 14th inst., of one of its delegated members, Dr. Addison W. Woodhull, of Newark, N. J., therefore—

Resolved, That in his death, we mourn the loss of one esteemed for his intelligent and faithful counsels, his discriminating judgment, his intellectual worth, his skill as a physician, and his patriotic services to the State and country.

Resolved, That by his death, the country, as also the State, loses one of its most valued citizens, and that, as fellow-members and co-workers in the profession, we deeply feel this sad bereavement, and extend our sympathies to his stricken family and friends.

Resolved, That this expression of the feelings of this Society be entered on the minutes, and a copy of it sent to his family.

Treasurer Phillips rendered his report, which was referred to the Committee on Treasurer's Accounts. (Appendix No. II.) The Committee subsequently reported that it had examined the accounts of the Treasurer, and had found them correct. The Committee approve of the recommendation of the Treasurer as

to the amount of the assessment for next year. The report was adopted.

Corresponding Secretary Elmer read his report. (Appendix No. III.) The Secretary mentioned that he had received letters of regrets from Drs. Adams and Buck, delegates from New York. Both gentlemen had intended to be present at this meeting, but were detained by sickness. Drs. J. Parrish and Ferris Jacobs, honorary members, also sent their regrets. The Corresponding Secretary also stated that he had received a communication from the International Medical Congress, requesting this Society to send delegates to the Congress to be held in Philadelphia in 1876; also one from the Boston Society of Civil Engineers, inviting this Society to aid it in memorializing Congress to fix a date after which the Metric Weights and Measures shall be the only legal standards.

It was voted to send delegates to the Congress, and the Nominating Committee was instructed to nominate the delegates. It was voted that Drs. Oakley, Cross and Taylor be a Committee to petition Congress to establish the Metric system of Weights and Measures, in connection with the Boston Society of Civil Engineers.

The Committee on Unfinished Business reported no items.

The delegates to corresponding Societies presented their reports, which were referred to Committee on Publication. (Appendix No. IV.)

The delegates from corresponding Societies were formally presented to the Society, and a cordial welcome was extended to them by the President. Dr. Cutler in behalf of Massachusetts, Dr. Wiggins of Rhode Island, and Dr. Newman of New York, briefly responded.

The regular delegates from Pennsylvania having returned home, Prof. Traill Green, an ex-President of the Medical Society of Pennsylvania, was called out, and addressed the Society as follows:

I am happy to meet the gentlemen of the Medical Society of New Jersey to-day. I have always found it pleasant and profitable to attend these meetings. I supposed that I should not be called upon to make a speech at this busy period of their session, when so many interesting questions are being discussed. I endorse the remarks made a moment ago by the delegate from New York, "Life is too short to make a long speech," and I shall not attempt it.

I will say, that I am under great obligations to New Jersey and its Medical Society. The first gentleman to whom I was introduced, on entering life, was a New Jersey physician, and for some years was a member of this Society. I do not recollect any of the circumstances that were connected with that introduction, but it was a very important event in my life. I have from that day to this, with a few exceptions, soon after this occurrence, celebrated it annually. Its anniversary is now at hand—to-morrow I shall celebrate its sixty-third return.

Had I taken part in the interesting discussion which you have had on the use of calomel, I should have referred to its use by the gentleman to whom I have alluded—my first acquaintance. He was a progressive man, and followed the teachings of the schools of his day, when the dose called "Ten and Ten," (ten grains of calomel and the same quantity of jalap) was so much employed in the treatment of yellow fever. I would say that I was "brought up" on calomel. I was not sickly, but I know this remedy was administered in childhood and youth when I was ill. It is related of him, that if his dreams were unpleasant at night, he took a dose of calomel the day following, supposing that there was some functional derangement which required for its correction this medicine. His confidence in its therapeutic power, we think, was transferred to others in the community in which he lived and pursued his profession.

He was bold in the use of the lancet. When eighty-seven years of age he had an attack of rheumatism. I called to enquire concerning his health, and was invited to his chamber. He was glad to see me,

and said "Here is Dr. Edward Swift, who declined to bleed me; his brother Joseph bled me seventeen years ago in a similar attack. I replied, "yes, doctor, but seventeen years added to a man's life at seventy, makes many changes." He said, "Yes, but I know bloodletting will do me good." Dr. Swift remarked to me, saide, "I think we ought to defer to the doctor's opinion," and he was bled. The doctor was delighted to see the blood flowing from his arm, and remarked, "Do not stop it, I know it will do me good. I was never charged with killing more than three of my patients by blood-letting; two are still living, and one died ten years after the operation, from want of bleeding.

Dr. Joseph K. Swift, who was associated with him in practice for many years, used to remark, "Dr. Cooper always treated our bilious fever with great success. He carried his patient through his illness with great skill."

I can almost claim membership with you for other reasons. I live quite near the line which divides Pennsylvania from New Jersey. My father emigrated from the capital of your State to my present home; not because, as it is sometimes said, "New Jersey is a good State to emigrant from."

He, like others we find among us in Pennsylvania, was proud of his native State. We have had reason to be glad, on the other side of the line that separates us, that so many of your citizens have chosen our State for their home. They have carried to us professional and social qualities, which have been blessings to us.

I have found intercourse here with the members of our profession, profitable; and I shall carry with me pleasant memories of the meeting at Cape May.

Dr. Phillips, reported on the nomination of Dr. Weir Mitchell for honorary membership (Appendix No. VII.) A ballot was taken, when Dr. Weir Mitchell was declared unanimously elected an honorary member of this Society.

The nomination of Dr. Lutkins for the honorary degree of M. D., was by the request of Dr. Morris, withdrawn.

Dr. J. S. Cook, third Vice-President, read an essay; the subject of which was, "Our climate, and its effect upon disease."

On motion of Dr. Love, a vote of thanks was extended to the Doctor for his interesting essay.

Drs. R. M. Bateman and E. P. Townsend were present, and were prepared with their essays, but for want of time their essays were read by title only, and referred to Committee on Publication.

The Committee to whom was referred the theses of Mr. Mueller and Rein, reported by its chairman, Dr. Pennington, that it had examined the theses and found them satisfactory. Mr. Mueller's was on Chronic Perforating Gastric Ulcer. Mr. Rein, on Intermittent Fever. The certificates of the President of the Hudson District Society, as to the examinations of Mr. Mueller and Mr. Rein, were read and were deemed satisfactory. A ballot was taken upon the theses, which resulted in the unanimous approval of the same. The President and Secretary were instructed to prepare the diploma, and deliver the same to the parties, when they shall have fulfilled the further requirements of the law.

The Committee on Ethics, by Dr. Lilly, read its report on Dr. McGill's communication, which, on motion, was adopted. (Appendix No. VIII.)

The following bills were presented and ordered to be paid:

Wm. Elmer, Jr	\$24	05
Wm. Pierson, Jr	18	00
F W Baldwin	5	00

Dr. E. J. Marsh, of Paterson, was appointed essayist for the next meeting of the Society.

The Nominating Committee reported, by the chairman, Dr. Blakely, as follows:

For President-John V. Schenck.

First Vice-President-H. R. Baldwin.

Second " -John S. Cook.

Third " —A. W. Rogers.

Corresponding Secretary-Wm. Elmer, Jr.

Recording " -Wm. Pierson, Jr.

Treasurer-W. W. L. Phillips.

Standing Committee—S. Wickes, Samuel Lilly and J. L. Bodine.

Delegates to the American Medical Association—H. A. Hopper, S. C. Thornton, H. G. Taylor, T. J. Smith, J. J. H. Love, P. S. Heritage, J. W. Hunt, Samuel Lilly, E. P. Cooper, J. B. Morris, John R. Leal, H. R. Baldwin, Wm. Armitage, Joseph Hedges, John Vought, T. H. Tomlinson, P. F. Brakely.

For Delegate to Medical Society of New Hampshire-C. P. Gordon.

For Delegates to Massachusetts Medical Society—J. J. Prendergast, J. L. Bodine, I. B. James, John G. Ryerson.

For Delegates to Rhode Island Medical Society—C. F. Deshler, T. J. Thomason, Samuel Lilly,

For Delegates to Mains Medical Society—G. H. Balleray, B. D. Carpenter, P. C. Gordon.

For Delegate to Connecticut Medical Society-E. J. Marsh.

For Delegates to New York Medical Society—E. B. Silvers, H. Mitchel, Jos. Parrish, E. Marston.

For Delegates to Pennsylvania Medical Society—C. H. Voorhees, H. C. Clark, Wm. Elmer, Sr., Wm. Blundell.

For Delegates to the International Medical Congress—J. M. Ridge, John Woolverton, Ezra M. Hunt, John C. Johnson, Charles Hasbrouck, Abram Coles, A. A. Lutkins.

The Committee recommend that hereafter no entertainment be given the Society at the place of meeting. The Committee also recommend that the next annual meeting of the Society be held in Trenton.

The Society elected, by ballot, the ticket as nominated.

The delegates were elected as reported by the Committee, by a viva voce vote.

The recommendations of the Committee were adopted.

It was ordered that the hour of the next meeting be at 7.30 oclock, P. M.

Drs. C. Shepherd, J. L. Bodine, Charles H. Dunham, John Woolverton, W. W. L. Phillips and R. R. Rogers were appointed a Committee of Arrangements for the next annual meeting.

Dr. Lilly gave notice that he should offer the following amendments to the by-laws, at the next annual meeting, provided the proposed amendment to the charter should be enacted:

Chapter I., Sec. 4. Substitute for the present subdivision "11th," the following, viz:

"11th Cemmunications or propositions from any District or County Society; complaints, memorials, petitions and appeals from any such Society, or from any member thereof, and the hearing and determination thereof by the Society, or the reference thereof to a committee to hear and take proofs respecting the same, and report said proofs with their opinion thereon to the Society; and other miscellaneous business."

Chapter II., Sec. 7, after word "whole," line 9, on page 12, insert the following, wit:

"The said committee shall summon the Society and parties concerned to attend before them, and shall take the proofs offered on either side pertinent to the issue, and hear the statements or arguments of the parties thereon, and shall then make up their report and present the same to the next regular meeting of the Society."

And on same page, line 4, after word "all," and before word "appeals," insert the following, to wit:

"Complaints, memorials, petitions, and"

And on line 5, same page, after word "Societies," insert the following:

"Or any member thereof."

On motion of Dr. Oakley, the following were adopted:

Resolved, That the hearty thanks of the members of the Medical Society of New Jersey and guests here assembled are due and are hereby tendered to Gen. W. J. Sewell, Supt. of the W. J. R. R. Co., for the courtesy extended to them by the road which he represents, in conveying them to and from their place of meeting.

Resolved, That we fully appreciate the kindness of the Company, and that it has our best wishes for its prosperity.

Resolved, That the Society hereby express their thanks to the medical men of the counties of Cumberland, Gloucester and Cape May, and the Committee of Arrangements, for all their kindness and hospitality during the meetings of the Society. Also to Mr. Alex. Whilden, for his invitation to visit Sea Grove.

Adjourned.

WILLIAM PIERSON, Jr., Recording Secretary.

APPENDIX TO THE MINUTES.

[APPENDIX No. I.]

To the Medical Society of New Jersey:

The undersigned, to whom was referred the writ of the Supreme Court of New Jersey, received at the last meeting of this Society, with power to act for the Society, and if necessary to employ counsel, respectfully reports:

That immediately after the adjournment of the Society, he applied to an eminent legal gentleman for information as to what was required by the Supreme Court, and how best to comply. He would here state that he understood the wishes of the Society to be to avoid, as far as practicable, becoming a party to the unpleasant controversy which has arisen between the members of the District Medical Society for the County of Hudson, aiming only to maintain the dignity of the State Society and keep freed from contempt of the Supreme Court.

The information received was that a return in proper form must be made to the writ, and that the service of an attorney familiar with the practice of the Court would be required. Your committee thereupon employed an attorney, who after considerable labor owing to the imperfect condition of the documents of which it should be composed, made the proper return within the time prescribed. The plaintiff to the writ, Dr. B. A. Watson, through his attorney, filed his reasonsseventeen in number-for his action. Your committee, deeming the case one of great importance to this Society, and probably involving considerable expense to properly carry it on, requested that a meeting of the officers, Standing Committee, and such Fellows and other eminent members of this Society as could be conveniently, reached should be called for consultation. The meeting was held, and after a full discussion, your committee was advised to retain eminent legal counsel, lay the whole case before him, and proceed in accordance with the advice he might give. Your committee accordingly retained Barker Gummere, Esq., of Trenton, to manage the case.

Shortly after this, two additional writs of certiorari were issued by the Supreme Court, involving the same controversy. Your committee was requested to acknowledge the service of these writs, and consent to the same return being filed as in the former case. This he declined, feeling that he had no power to act for the Society except in the case specially referred to him. He has learned, however, that the additional writs were served on the President of this Society, and by him referred to the attorney in the former case.

The three cases were argued before the Supreme Court at its last session; a decision may be expected at the coming term, which commences on the sixth of June (two weeks from to-day.) What it will be, it is of course impossible to tell, but our legal adviser predicts that it will be substantially in favor of the acts of this Society.

In view of the difficulties to which this Society may be exposed, as demonstrated in the case in hand, Mr. Gummere, with a view to their avoidance in the future, advises that a supplement to the charter of the Society shall be obtained from the next Legislature, more clearly defining its powers and duties, and that the By-Laws be so amended as to conform thereto. A draft of such supplement and amendment to By-Laws, prepared by Mr. G., is herewith submitted.

Your committee would respectfully suggest, that this whole matter be referred to the same or some other committee, with power to act for the Society, to precure the enactment of the supplement, to attend to the suit now pending, and any other that may be commenced, with power to employ legal counsel if necessary, &c. The Treasurer of the Society has paid the attorney employed to make return to the writ, and who also assisted in the preparation and argument of the case, for fees, expenses, &c., \$50, for which he will present voucher.

All which is respectfully submitted.

CAPE MAY, May 28, 1876.

SAM'L LILLY, Committee.

[APPENDIX No. IL]

TREASURER'S REPORT.

To the Medical Society of New Jersey:

Your Treasurer begs leave to report that he receive	ed during last
year from all sources, \$990.00, as follows:	
Monmouth	\$50.00
Hudson	84.00
Morris	50.00
Burlington	44.00
Essex	106.00
Camden	52.00
Passaic	60.00
Middlesex	86 00
Bergen	32.00
Gloucester	22.00
Mercer	62 00
Cumberland	34.00
Ocean	18.00
Hunterdon	86.00
Union	74.00
Warren	82.00
Sussex	52.00
Diploma Fees	30.00
Hudson (J. E. Culver)	86.00
Advertisements	80.00
Total	\$990.00
There has been expended \$901.18, as follows:	
Wm. Pierson, (Rec. Sec'y,)	\$ 13.00
Wm. Elmer, (Cor. Sec'y,)	5.83
J. M. Reuck, (Programmes,)	7.00
S. Wickes, Chairman, (Transactions,)	491.04
S. Wickes, Chairman, (Expenses,)	15.51
John Lilly, (Attorney,)	50.00
S. Wickes, Chairman, (Supplement,)	805.30
Murphy & Bechtel, (Notices,)	1.50
J. M. Reuck, (Certificates,)	12.00
	\$901.18

Balance on hand	\$88.82
In Savings Fund	1,542.02
Total on hand	\$1,630,84

Your Treasurer would recommend the annual assessment to be continued at \$2.00 per capita.

WM. W. L. PHILLIPS, Treasurer.

[APPENDIX No. III.]

REPORT OF CORRESPONDING SECRETARY.

TRENTON, MAY 22, 1876.

To the Medical Society of New Jersey:

The Corresponding Secretary would respectfully report, that he has attended to the regular duties devolving upon him during the year past.

The Transactions for 1875 were duly received and distributed in the usual manner—to honorary members, to some of the medical journals, and to other sister Societies. We have this year had the pleasure to receive in exchange the printed Transactions of every State Society except for Vermont, Rhode Island, Missouri and Nebraska; and as some of these make only biennial reports, it is probable that we shall next year reciprocate with ALL the States. As the inspection and comparison of the different State Societies' proceedings may prove interesting and profitable to the members present, they have been placed before you at this meeting for your convenient perusal.

In this Centennial year our Society refers with just pride to the fact that our State Medical organization antedates by a decade our national independent existence. It was therefore deemed proper that the supplement, containing the "Rise, Minutes and Proceedings of the New Jersey State Medical Society, established July 23, 1766," from 1766 to 1800, affording authentic documentary evidence of our being the oldest State Medical Society in existence, should receive a general distribution throughout our sister Societies. Copies have accordingly been sent by the Corresponding Secretary to nearly all the States, and also to the leading representative journals in the various portions of

the Union. From the latter, favorable editorial notices have since appeared in their columns.

The following official communications have been received, and are herewith submitted to the Society for its action:

- (A.) A request from the Boston Society of Civil Engineers, to aid in petitioning Congress to "enact that, after some date to be fixed several years in advance, the *metric standard* in the office of weights and measures at Washington, shall be the sole authorized public standard of weights and measures."
- (B.) A request from the President and Secretary of the International Medical Congress, to be held in Philadelphia, in September, 1876, that we appoint delegates from this Society to represent us in that body.
- (C.) A request from Dr. J. M. Toner, of Washington, appointed by the Executive Committee of the International Medical Congress, to prepare a paper on Medical Riography, for brief sketches of the notable practitioners of our State during the past century. This has been referred to Dr. S. Wickes, who is at present engaged in preparing the biographies of the physicians of New Jersey, and by whom the desired information was kindly furnished.

Respectfully submitted.

W. ELMER, JR., Cor. Secretary.

[APPENDIX No. IV.]

REPORT OF THE DELEGATE TO THE RHODE ISLAND STATE MEDICAL SOCIETY.

To the Medical Society of New Jersey:

Your delegate to the Medical Society of the State of Rhode Island, would respectfully report:

The Society convened in the city of Providence, June 9th, 1875, this being its sixty-fourth annual meeting. Their annual meetings were represented as not being as full of medical interest as were their quarterly ones, being more given to financial settlements and social interchange of courtesies. I was much pleased with the fact of the senior members of the profession constituting a Board of Censors, to

whom the greatest respect was shown. It was a pleasing exhibit, seeing a given number of those veterans of the profession, with cultivated dignity, presiding over and guiding the affairs of their Society.

The orator of the day delivered a well written argument on higher requirements of preliminary study being necessary to well fit candidates for the study of our profession—(citing one Eastern Medical College where the degree of A. M. was essential before attending Medical Lectures.)

I am well satisfied that this is a step in the right direction. A mind well disciplined by previous study best fits every one to profitably hear and retain medical instruction, and would add largely to the renown of our profession.

If to this was added care in the selection of our remedies, so that the most concentrated and palatable ones alone were used, a commendable and effectual blow would be given to the so-called Homœopathic system.

The plan of placing each State delegate under the special care of a member of their Society, adds largely to the pleasantness of the sojourn.

Their annual dinner was truly ALLOPATHIC in its provisions, and with the atmosphere of intimate sociality which prevailed, made your delegate feel that the Rhode Island Medical Society knew how to make visitors feel as if he was indeed among brethren.

Respectfully submitted.

ELIHU B. SILVERS.

[APPENDIX No. V.]

REPORT OF THE DELEGATE TO THE MEDICAL SOCIETY OF THE STATE OF PENNSYLVANIA.

Your delegate to the Medical Society of the State of Pennsylvania, would respectfully report:

That the last annual meeting of the Society being the 26th, was held in Pottsville, on June 10th, 11th and 12th, of which Dr. Washington L. Atlee, of Philadelphia, was the presiding officer. The President's Address was delivered on the evening of June 10th, in Union Hall, and was listened to by a large audience of ladies and gentlemen. The subject was "Old Physic and Young Physic," in

which the changes of half a century were compared and contrasted. In this comparison, it cannot be said that Young Physic appeared to any special advantage.

The address on Practical Medicine, was prepared by Dr. William Pepper—an honorary member of this Society—and was an exhaustive and highly practical review of the progress and present condition of this department of medical science.

The address on Surgery, was by Dr. Richard M. Levis, and was devoted exclusively to the consideration of fractures of the lower end of the radius. The author denied the existence of the fracture originally described by Barton, and known as Barton's fracture; and declared that it was the fracture first revealed by Collis, and known Collis's fracture.

The address on Hygiene, by Dr. Benjamin F. Lee, of Philadelphia, was, without doubt, the ablest literary production presented to the convention.

Dr. Curwen, of Harrisburg, read the address on Mental Diseases, in which the author took high ground that the overtaxing of children at school, without a proper moral training, was a fruitful cause of insanity in the young.

A paper, read by Dr. O. S. Allis, on the Proper Administration of Ether, and another by Dr. Lawrence Turnbull, on the Disorders of the Eustachian Tube, were of practical value, and are published in the transactions of the Society.

The social features of the Convention were of a very high order, and in receptions, banquets and railroad excursions, your delegate spent three of the most delightful days of his life.

CHARLES F. DESHLER.

HIGHTSTOWN, May 28, 1876.

[APPENDIX No. VI.]

REPORT OF THE DELEGATES TO THE NEW HAMPSHIRE STATE MEDICAL SOCIETY.

Your delegate to the New Hampshire Medical Society would respectfully report:

The Society convened in the city of Concord, June 15th and 16th, 1875—this being its eighty-fifth annual meeting—Dr. Nahum Wight,

President, in the chair, who presided over the proceedings of the Society with dignity and promptness.

Morning session was called to order at 11 o'clock A. M.; the first hour was occupied in the appointment of committees, resolutions, report of council and introduction of delegates, who were cordially received and invited to participate in the proceedings of the Society.

The President read the annual address; also orations were read and papers by visiting physicians.

The afternoon session was devoted to reports of committees.

At the evening session a paper was read on Sanitary Measures, followed by a general discussion, which finally centered on the causes of Typhoid Fever.

The morning session of the second day was occupied in election of officers and the general routine business of the closing session. The meeting was not largely attended, but earnestness and enthusiasm was evinced in all the proceedings. The papers were meritorious, showing study and care in their production. This Society at their annual meetings appoint orators and essayists, a custom which impressed your delegate as inviting a display of oratory, competition and criticism.

CHAS. O. GORDON.

[APPENDIX No. VII.]

To the Medical Society of New Jersey:

Dr. S. Weir Mitchell is a son of the late Dr. John R. Mitchell, Prof. of Theory and Practice of Medicine, in Jefferson College, of Philadelphia. Dr. M. received the early part of his medical education in that institution, where he was a most industrious and careful student. After graduating he went abroad, and spent ten years imbibing knowledge from some of the most celebrated European teachers. Upon returning, he commenced general practice, and devoted much time to experimental physiological work and research. He from time to time published important papers on this branch of medicine, which attracted the attention of the medical and scientific world. During the war, together with Drs. Munhuen and Keer, of Philadelphia, he was placed in charge of a hospital for nervous diseases and injuries, by Surgeon General Hammond. The experience here acquired was from time to time presented to the public, and also led to the publica-

tion by these gentlemen jointly, of a work on "Gunshot wounds and other injuries of Nervea." Of this work, a leading British journal says that it is valuable to practical surgeons from the many details of treatment which it contains, and that it is "specially interesting" to physiologists and nerve-pathologists, from the extreme care with which the cases appear to have been observed, the exactness and minutenessof the description of the effects of the injuries on motion and sensations He has published valuable articles on reflex paralysis, or post paralytic chorea, and many other papers on similar subjects, which have been of great value to the profession.

In 1872 he published a work on "Injuries of Nerves, and their Consequences." This work was based chiefly on the author's own researches. The British and Foreign Medico-Chirurgical Review says: "It is the first complete treatise on this subject the English language has been in possession of," and adds, "it is written not only up to the present time, but in many respects far in advance of it," to be referred to, now and in the future, "with the utmost confidence and satisfaction."

Prof. Gross says: "The publication of this production may be considered as forming a new era in the history of these diseases. Up to that period the whole subject was involved in mystery, and it was only by studying it in the light of clinical experience that it was successfully unraveled. The work of Dr. M. is founded on the careful observation and analysis of several hundred cases of injuries to nerves, and upon numerous experiments performed on animals with a view of determining the physiological question of the influence of pressure on nerves, elongation and separation. Of this treatise it is not too much to say that it constitutes one of the most valuable contributions to the medical and surgical science of the present day. Ever since the date of its publication, lesions of nerves have been regarded from a new stand-point." Dr. M. has also carefully investigated, experimented and reported upon the subject of snake-bites.

These researches have been published by the Smithsonian Institution. The Doctor has occasionally contributed articles to our literary magazines which have in no wise detracted from his well-earned reputation. We believe it is unnecessary to detail any further the labors or merits of Dr. Mitchell. The members of this Society have sufficient knowledge of them. The Doctor is still at work; he occupies no public position except that of Trustee of the University of Pennsylvania, and

Consulting Physician to the Hospital for treatment of nerve diseases in Philadelphia, of which he was one of the founders. He is not a teacher in any of the schools; his sphere as a teacher has not thus been circumscribed; he has been the instructor of our whole profession. Let us do credit to our Society by electing him an honorary member, knowing full well that the honor derived from the act will be reciprocal.

WM. W. L. PHILLIPS, ROBT. W. ELMER, JOSEPH SHEPPARD.

[APPENDIX No. VIII.]

To the Medical Society of New Jersey:

Your Committee on Ethics, to whom was referred the communication of Dr. J. D. McGil, would respectfully report:

That the communication complains of the report of a case of Aneurism of the Aorta, made by Dr. H. Mitchell, and published in the transactions of this Society for 1875. Your committee beg to say, that this Society does not hold itself, or its Publication Committee, accountable for the correct report of clinical cases sent us by the Reporters of the District Societies. They only are responsible for the correctness of their reports, although it might be proper for us, in case of an unmistakable reflection upon professional practice, to ask the Reporter or his District Society to make correction. We have no reason in this case to regard the allusion as an intended reflection by its author, and assure the complainant that no member of our Society has designed the least reflection upon his professional diagnosis.

Your committee therefore recommend the adoption of the following resolution:

Resolved, That the Secretary of this Society be directed to forward to Dr. McGill a copy of this report.

Respectfully submitted,

SAM'L LILLY, S. WICKES, Committee.

MAY 24, 1876.

[APPENDIX No. IX.]

		, N. J.,, 187
Dr		
	out the following blanks and	return to me, before the
the —— inst.	By so doing, you will add to	the material from which
to make a repo	ort, reflect credit on the Medi	ical Society of which you
are a member,	and greatly oblige,	•
	Very respectfully,	
		Reporter.

NOTE.—Answers are not limited to the space allotted. If necessary, write on another paper bearing the number of the question thus answered.

[&]quot;A." (1.) To what extent have the diseases peculiar to the seasons prevailed, as compared with previous years?

[&]quot;A." (2.) Have any of the diseases of this character assumed a peculiar or unusual type?

[&]quot;A." (8.) Have you anything new or of interest to relate in reference to the pathology or treatment of this class of affections?

[&]quot;A." (4.) Has the death rate from any of this class of diseases been unusually high, or low?

[&]quot;B." (5.) Have spidemics of any kind prevailed?

[&]quot;B." (6.) Write anything of interest in relation to the cause, pathology, symptoms or treatment.

[&]quot;B." (7.) What was the rate of mortality?

[&]quot;C." (8.) If an endemic of any kind has occurred, write a full clinical history, (at least of a typical case) the supposed cause, the pathology, treatment, and a description of the conditions under which it existed.

[&]quot;C." (9.) What was the rate of mortality?

[&]quot;D." (10.) Of the so-called contagious or infectious diseases, (exclusive of Variola) which have prevailed; and to what extent?

[&]quot;D." (11.) Have any of the diseases of this class assumed a strongly malignant type, or been frequently complicated with some other disease, or followed by troublesome or undesirable sequels?

- "D." (12.) What was the rate of mortality of each?
- "E." (18.) Have you met with cases of Variola, or Varioloid?
- "E." (14.) How many?
- "E." (15.) Number of deaths?
- "E." (16.) Of the children under four years of age, can you make some estimate of the proportion unprotected by vaccination?
- "F." (17.) Including deaths from every cause, for the year ending April 1st, 187, how does the mortality compare with that of previous years?
- "G." (18.) Will you give your experience, in the use of any of the so-called new remedies in the treatment of disease?
- "H." (19.) If you have a case or cases of special interest to report, please name the subject in this paper, and send me a full history of the same before the Fifteenth day of April.

Signature,

CORRECTION OF MINUTES.

Add after Resolutions on page 22: "The Committee also stated that there had been placed in their hands, to be read before the Society, a Memoir of Dr. Woodhull, prepared by Dr. E. Holden, of Newark; which paper they recommended be referred to the Standing Committee, with power to publish the whole or such parts of it as the Committee should deem best.

"Moved by Dr. Love —That this recommendation of the Committee be adopted. Motion carried."

ADDRESS BY THE PRESIDENT.

Gentlemen of the Medical Society of New Jersey:

Medicine to-day is not regarded as one of the exact sciences; even physicians make only a halting claim, when they style their profession the art and science of medicine. Whatever its actual or relative position in the scientific scale may be, there can be no question of its growth and vitality. From an empirical infancy, it has grown so great that it makes animate and inanimate nature alike subservient to its needs, and tasks for its benefit all pursuits and all sciences. Its great growth, however, has been from within, and this inner growth has been a real and healthy development. Whenever, and wherever, outside influences were permitted to guide or govern, its apparent progress has proved to be false and fictitious. To a greater extent, perhaps, than other sciences, it has been acted on by external influences-philosophy, metaphysics and physics have alternately taken it in charge, causing it to deviate from the true course, retarding and fettering real pro-In this year of retrospect, it may not be out of place to look back, and take a cursory glance at the more prominent and continuous of these external influ-This review must necessarily be of the most superficial character, skimming along the surface of the history of medicine, and only pausing where some larger obstruction throws a longer and deeper shadow.

The early growth of medicine was very slow; and

this slow growth was not an accident, but is the attribute and essence of all physical science. In this respect, literature and art are opposed to science, and seem to require for their growth and development, very different conditions. Wars, political struggles, social revolutions, religious strife, have been the stimuli of literary progress. Such subjects are the inspiration or the theme of the orator, poet and historian. The classic models of early Greece, were but the literary sparks, struck out by the collisions of its many little republics. The foreign conquests and intestine strifes of ancient Rome were crowned in its Augustan age. The two most illustrious epochs in English literature were preceded, the one by the reformation, the other by the second revolution. The military glories of the reign of Louis the XIV. of France were accompanied, and are now eclipsed, by the literary glories of his time. The dawn of modern German literature broke on the nation during its deadly struggle for existence with the empire of the first Napoleon. Every national literature, worthy to be named, has had a stormy cradle for its infancy.

While literature and art are but the outward expression, science is, as it were, the inner life of the material world. Like the precious metals, it is below the surface, and requires fixed thought and plodding labor to bring it to the light. Excitement and contention are antagonistic to its growth. It loves an atmosphere of silence, and like the grand forces of nature, works slowly, noiselessly and unseen, except in its results. Its direction is rather influenced by the intellectual under-current of the period, than by political or social changes.

In the history of civilization there may be recognized

three grand periods or stages of scientific development: Estheticism, or the period of philosophy; Metaphysicism, or the period of supernaturalism; and Physicism, or the period of physical science.

All three have, no doubt, existed since civilization began; but the predominance of one or other at different times, marks the epoch. Philosophy and metaphysics have ceased to be active forces in the world of intellect; their empire over the human mind has passed or is passing away. Ancient philosophy is dead, and would long since have lapsed to utter decay, but for the subtle spirit of genius, which once informed and still preserves it. The doctrines of medieval metaphysics still linger in our schools; their authority disputed, their domain abridged by the overwhelming progress of physicial science.

In the first glimpses that we obtain of medicine, either in sacred or profane history, it is associated with religion. Priests were its professors, and natural and supernatural agencies were mixed together in a sacred mysticism. When liberated from this monopoly of caste, and secrecy of hieroglyphics, it became associated with the philosophy of the day, reflecting to some extent, one or other of the prevailing doctrines of the hour. And now began its age of Estheticism, which may be said to extend from the dawn of Grecian civilization, to the fall of the Roman empire.

As the religions of this period looked upon the practice of human anatomy as a desecration of the dead, a crime to be visited by the severest punishment, a knowledge of anatomy could be only comparative. Physiology became a subject of the crudest and wildest speculations. Pathology was unknown. Indeed it was maintained that such subjects, being as it were

hidden mysteries, it was impious to pry into the secrets of the Deity. A shadow of the same spirit, it would seem, has descended to the present day; but now, instead of boldly prohibiting the inquiries of science, it is reduced to the weakness of refusing to accept the inevitable conclusions.

The study of the aspect and outward forms of disease, was the only true work left to the physician. Such work was in harmony with the intellectual tendency of the times. The cultivation and even worship of all forms of external beauty, grace and strength, was the passion of the age, and sculpture, and painting, and poetry, were devoted to this end. The medical writings of this period, that have descended to us, have been conceived and executed in the esthetic spirit. The works of Hippocrates, Areteus and Celsus are models of descriptive disease. Modern minuteness may have here and there been able to add an additional touch, but the bold outlines as drawn by these master hands, are still as true to nature as they were two thousand years ago. Many of their descriptions have been abbreviated into current phrases, by which a few words are made to represent a perfect picture.

Co-existing with, or more properly speaking, an extension of this worship of external beauty, was the desire and longing of the mind after abstract beauty. Thereupon rose systems of philosophy which speculated on man's moral and material nature; on the analogies of the vital forces which maintain life, and of the physical laws which control the world of matter; on the harmonies of soul and body, of earth and stars. Pythagorus took even a higher flight, and with a fanciful, yet sublime ideality, aspired to hear and interpret the music of the spheres.

Medicine became entangled in the meshes of these systems, and if not actually strangled, was held for centuries in a state of suspended animation. Very few of the philosophers cultivated medicine for its own sake. It was but a part and a very small part of their systems, so that this practical science had little chance to raise its head above the rank growth of philosophic specula-It was so bound up and wrapped and swaddled in philosophic theories, that independent motion was all but destroyed, and distinct vitality all but extin-The subtilty of thought and power and music of words, which have made the philosophic works of this period vital and resonant even in our days, only served to prolong the enthralment. bondage, however, was not complete. Here and there practical men protested. "Diseases," said Celsus, "are cured by remedies, not by eloquence." Rival systems sprang up, notably the empirical; but so potent was the influence of Grecian philosophy, that its offspring, the dogmatic school, flourished for centuries, permeating the Roman empire to its remotest extension, maintaining a perpetual succession of professors and pupils, until a stronger race and a nobler creed made common wreck of Roman empire and Grecian philosophy.

In the downfall of literature, art and science, in the destruction of all forms of civic government, in the utter desolation which attended the irruption of the Northern hordes, the Church alone maintained its ground. Through its agency some knowledge of civil polity, some tincture of science, some fragments of classic literature, were preserved.

"The Bishops," said Hallam, "acquired and retained a great part of their ascendancy by a very respectable

instrument of power—intellectual superiority. As captive Greece is said to have subdued her Roman conqueror, so Rome in her own turn of servitude cast the fetters of a moral captivity on the fierce invaders of the North." This influence extended from the hut of the peasant to the palace of the prince. It began with the first consciousness of life, and only terminated within the shadow of the tomb. It directed education, guided the policy of statesmen, controlled kings, colored and overshadowed all the intellectual efforts of the time.

Medicine sank under the general yoke. As it was formerly an appendage to philosophy, it now became a species of religion. The religious orders monopolized it. The speculations of Plato and Pythagoras gave place to the visions and reveries of the devotee and fanatic. Disease was looked upon as a visitation of the anger of the Almighty, and faith and prayer were esteemed the remedies capable of averting or removing the infliction. This simple reliance on the Deity soon degenerated to beliefs and practices alike abhorrent to science and to religion. Charms and divinations-fragments of dead creeds-were raised up and rehabilitated in Christian guise. Demonology became an assured article of popular faith, and, as in Ancient Mythology, each river, grove and plain, had its tutelary demi-god, so in the medical philotheism of the Middle Ages, each particular disease was placed under the charge of its special demon. This phase of medical superstition long retained a hold on popular credulity, and it is only within the memory of some still living, that certain forms of cerebral disease ceased to be considered as evidences of demoniac possession. The belief which deprives man of personal responsibility, whether it be

the belief of superstitious ignorance or fanatical refinement, takes from him all incentive to independent thought and action, and tends to throw him into a lethargy of mind and body. Into such lethargy was the practice of medicine plunged. From such torpor there could have been no awakening, had not the hand which administered the bane supplied the antidote. The religious orders established Medical Schools-the earliest and best known at Sarentum and Napleswhere the relics of ancient medical knowledge were cherished, and the more recent Saracenic additions of fact and commentary heartily welcomed. From these centres emanated the first faint streaks of light, harbingers of the coming dawn. The earlier rays of science, however, were tinged and refracted by the media through which they passed. Astrology and alchemy, which now arose, occupy a middle place between supernaturalism and science. These pseudo sciences required observation and experiment, and while the object was delusive, the method was correct. Their ascendancy marks the first step from pure supernaturalism to scientific research.

Medicine, no longer passive and supine, dares to investigate and interpret, becomes imbued with fresh life and enters on a new phase of existence. No longer the mere instrument of a predominant influence, no longer absorbed in philosophy, or oppressed by supernaturalism, it assumes a more independent position, looks abroad and applies or appropriates every new discovery in mechanics or mathematics, in the physical and even in the abstract sciences.

Sciences are social, related and inter-dependent. Their mutual contact and inter-locking are too evident to need illustration or assertion. Even poetry, which

has not advanced any claim to be enrolled as one of the exact sciences, is considered by Cicero to have some title to recognition. Advocating the claims of the poet Archias to Roman citizenship, on the ground of literary eminence, the orator not only asserts that poetry is entitled to scientific fellowship, but proclaims, in a sweeping generalization, that all arts, ministering to the wants of man, are bound together by the bonds of kindred. "Etenim omnes artes quæ ad humanitatem pertinent, habent quoddam commune vinculum, quasi cognatione quadam, inter se continentur." common sight, poetry and science appear as far apart as the poles. It would seem as if between them there could be neither contact or communion; and yet recent discoveries have disclosed the fact that in many instances the poet had, by the intuition of genius, anticipated the slow research and patient labor of science. The atomic theory of Lucretius, which remained dormant for two thousand years, is now being hatched into light and life under the incubation of Tyndall. Even anatomy, the most practical and prosaic of all pursuits, is indebted to the imagination of Goethe, who insisted on the existence of an intermaxillary bone as necessary to complete the harmony of anatomical evolution.

We now come to view medicine in its association with modern science; and this association presents itself under two opposite if not hostile aspects. Under the first, science attempted to explain vital phenomena by material laws; under the second, medicine employs the resources of science to aid in the discovery of vital laws. This present age is brilliant with physical discoveries; matter has been analyzed to its simplest forms, and the laws and forces which govern the atom

in its separation, or in its hugest aggregations, have been established. As each fresh discovery burst on the world, the medical theorist laid hands on it, and attempted to solve the shifting mysteries of life, health and disease, by the established laws of matter. upon arose all kinds of theories—mechanical theories, mathematical theories, electrical theories, chemical theories—which shifted, changed and re-formed with the endless and fantastic variety of the pictures in a Most of those theories are dead; a few kaleidoscope. at best retain a questionable vitality. In the hurry to find a key which would unlock the secrets of life, the principle of life, the vital principle, was overlooked. This error pervaded all the earlier scientific biological speculations.

This error still lives. Electricity and chemistry are still called on, not only to elucidate but supplement the action of the nervous system; not only to explain but supplant the process of digestion. All the known laws of all the known sciences, have been in turn applied to explain the phenomena of life, and all have successively failed. Failure never brings despondency. The attack is renewed under a new form, and the battle still goes on between the principle of life and the laws of matter.

The application to medicine of the systems of philosophy, of the dreams of supernaturalism, and of the laws of physical science, have been all alike an error and a delusion. Philosophy and supernaturalism cannot be accepted as guides, as medicine is a physical science. The physical sciences cannot be permitted to control, as the physicism of medicine is tempered by vitality.

Medicine is then a special and to a certain extent an independent science.

It has its method of learning, its isolated facts, its It is the science of observation. general laws. built, case upon case, fact added to fact, and when the same phenomena occur under the same conditions, we can draw our induction with a certainty as unerring as calculations based on established physical laws. The uncertainties of practice are not in the science, but in ourselves; in our failure or inability to observe or appreciate the main and modifying conditions. profession is now working in the right way to attain a correct interpretation of the phenomena of health and disease. A more than scientific accuracy of observation is required, as there are so many modifying powers, and a high philosophic capacity for generalization, so that each force and condition be allowed its full weight in the final estimation.

What we know positively, is simple, direct and luminous; imperfect knowledge is confused, involved and theoretical. Old Homer threw protecting clouds around his weak-kneed warriors; we envelop in theory our defective science. Lord Bacon, in his work undertaken for the advancement of learning, thus characterizes unbased scientific speculation: "For the wit and mind of man, if it work upon matter, which is the contemplation of the creatures of God, worketh according to the stuff, and is limited thereby; but if it work upon itself, as the spider worketh his web, then it is endless, and brings forth indeed cobwebs of learning admirable for the fineness of thread and work, but of no substance or profit."

We now come to look at the association of science with medicine under the second aspect—that of an assistant.

While science cannot be acknowledged as a despot

in the domain of medicine, it has for a long time held undisputed possession of the post of prime minister. It now holds and must ever hold first place as an auxiliary. The services it has rendered in this capacity are too great either for accurate enumeration or adequate acknowledgement. Without its aid the science of medicine would be now as it was in the days of Sydenham, Abernethy and Hunter. By its aid the province of the physician has been enlarged, and his powers proportionately increased. Diagnosis has been rendered more acute and accurate, new diseases have been recognized, and established diseases more strictly By its aid special departments have been not only cultivated but created. Such a flood of light has been thrown on the structure, functions and diseases of eye, ear, throat and skin, as to place these specialties in the very vanguard of medical progress.

Science enables us to determine the ultimate structure of the different tissues, and places in our hands the instruments by which we have already determined, or may hereafter ascertain, the mode in which the several organs perform their functions. By its aid we can mark the origin of being, watch the gradual development, and observe the processes of disease and decay. These minute scientific researches into organic life, have resulted in the revelation of the simple fact, yet sublime generalization, that all organized existence has a common cellular origin, and a harmonious unity of growth.

It might now seem as if physicial science in its association with medicine, having explored the most recondite recesses of organic life, had finally reached the ultimate limit of discovery, and that now the only work left was to arrange, rectify, and reduce to sys-

tematic order the physical conquests already achieved.

The modern scientist may not be able to see the present connection, or trace the distant association of each scientific fact as it comes to light. He has, however, an abiding faith that science, like time and space, is indefinite and can have no limits. The chemist and microscopist had no more idea of the extensive field of future research, which their minute labors were opening for their successors, than had the inventor of the mariner's compass any thought that his despised invention would disclose a new world for the benefit of future generations.

"They builded better than they knew." They laid the solid foundations of a new philosophy of medicine: a philosophy such as Bacon foreshadowed, and Des-Cartes initiated. A philosophy founded on physical truth, and built up by scientific induction; a philosophy not of leaves, but of fruit; not of theory, but of fact; the philosophy of modern sanitary science.

This new philosophy lifts our profession from detail to generalization; from the individual to the community. It may be compared to the modern science of war. Individual prowess counts for nothing—victory being organized before the forces take the field. State medicine or sanitary science, in like manner, anticipates the coming of disease, knows its favorite haunts, and the conditions necessary for its propagation—meets it here with closed gates, cuts off its supplies there, either repelling or reducing it to inaction or forcing it to die of inanition. This philosophy is still in its infancy, with the promise of a fruitful future. If the work of the present day be any indication of the coming triumphs in this direction, the time may come when hereditary and moral influences will be traced

and estimated; when the external conditions of health will be precisely ascertained, when the origin of preventable diseases will be fully known; when the action of remedies will be clearly understood; and when these things come to pass, and when their results are calculated with as much certainty as chemical reaction or the operation of the force of gravity, then the claim of our profession to a place among the exact sciences will be vindicated, and the claim allowed.

ESSAY.

BY JNO. 8. COOK, M. D., OF HACKETTSTOWN.

OUR CLIMATE, AND ITS EFFECT UPON DISEASE.

Dr. Rush tells us in one of his essays that "the ancient Jews used to say that a man does not fulfil his duties in life, who passes through it without building a house, planting a tree, or leaving a child behind him." I think my friends who were instrumental in placing me in my present position, must have been convinced of the truth of this ancient adage. It is but a truism to say that from the earliest civilization man has been negligent in the performance of duty. So prone are we to attend to the attainment of the present object, that we neglect the pursuit of many aims, not unworthy of persistent effort. By your kindness you have brought me to realize more clearly my obligations to our profession and to this Society; and however remiss I may have been, allow me to promise that hereafter I will endeavor to atone for all past derelictions of duty, by a cheerful and hearty effort to fulfil every obligation imposed, and a more ardent devotion toward the advancement of the interests which form the foundation of our Society, and for the promotion of which it was instituted.

The operations of nature are ever simple, and she attains her ends by the most familiar means. The deeper we penetrate her mysteries, the more clearly it appears that the most complicated phenomena in the visible world, are due to a few forces. The force that

makes the apple fall to the ground, causes the different planets to revolve in their orbits.

The agencies which have produced the successive changes in the earth's crust during past ages, are the ordinary agencies which we see around us every day. It has been supposed that volcanic and other subterraneous eruptions, earthquakes and subsidence of the land, were the agencies which effected these changes. But it is now generally believed, that the valleys were not the product of violent dislocations, nor the hills of sudden upheavals, but were actually carved out of the solid rock, silently and gently, by heat and cold, frost and snow, rains and rivers, ordinary and familiar It will be observed that these are the ordinagencies. ary meteorological and climatic agencies, and that these constitute climate. The various peculiarities or modifications of climate result from a preponderance of one or more of these agencies over the rest. When heat, for example, predominates, we have a hot or tropical climate; when cold and frost predominate, we have a rigorous or arctic climate; with moisture in excess, we have a damp and rainy climate, &c. these climatic agencies are not only the factors which carved out the rocky face of the globe into hill and dale, and spread over the whole the mantle of soil; but by these are determined the character of the flora and fauna that exist on the soil. These are determined mainly by the character of the climate, and not by the nature of the soil and conformation of the ground. It is from difference of climate that tropical life differs so much from arctic, and both these from the life of the temperate regions." It is climate that causes the orange and the vine to blossom and the olive to flourish in the South, but denies them to the North; that enables the forest tree to grow on the plain, but not on the mountain-top.

These phenomena belong not to the present age alone, for the geologist finds in his investigations that both polar and temperate regions have witnessed, since climates began, changes of climate and of life in wonderful succession, and in periods of immense duration. The causes which have wrought these changes have been investigated by the most eminent scientists of our Maury, in our own country, and Humboldt, Sir John Herschel, Thompson and Carpenter in Europe, have investigated the subject in many of its aspects. But to Mr. Croll, the difficult problem is given to solve, which he does, by attributing not only great secular changes of climate, but the distribution of temperature upon the earth's surface, at the present time, to causes which alter the volume, intensity and direction of the trade winds and other prevailing winds of the globe. In maintaining his views, he criticises the theories of Maury and of Carpenter, each of whom attributes marine circulation to difference of specific gravity of the water, rather than to the winds; the question at issue being not the amount of heat received from the earth's surface, but the means by which it is distributed.

Dr. Franklin, who by his truly great simplicity of mind, was in such intimate relations with nature, and therefore understood her so intuitively that he found a ready solution for many of her apparent mysteries, suggested that the gulf-stream had its origin in the trade-winds. Mr. Croll renews these views, and finds in the great wind-currents and chiefly in the trade-winds a cause adequate to the result. We cannot follow into details his exhaustive inquiries. But he

finds the winds and ocean currents to coincide all over the globe. The waters move with the general set of the trade-winds, the direction of the one being a reliable exponent of the movement of the others; and it is therefore obvious, that any influence which changes the direction of the winds, will also affect that of the currents. Causes, therefore, which alter the force and directions of the trades are adequate to change the climates of the globe; and, in the opinion of Mr. Croll, these causes are found in variations in the earth's path around the sun, combined with the precession of the It is not claimed, however, that these changes are the direct result of the increased distance from the earth to the sun, but are the result of physical agents thus brought into operation. distribution of heat is the controlling condition of all climates, and the basis of climatological distinction of every sort, the present arrangement of sea and land is the best that could be devised for the accomplishment of this end. We have in the Northern Hemisphere two immense oceans, the Atlantic and Pacific, extending from the equator to near the pole, and between these lie the two Continents—the Eastern and the Western. Owing to the spherical form of the earth, far too much heat is received at the equator, and too little at the poles, to make this portion of the earth's surface a suitable habitation for man. The functions of the waters of these two oceans is to carry this superabundant heat to the temperate and polar regions. Aerial currents could not do this, as the greater part of the heat conveyed by them is dissipated into space. The functions of these aerial currents is to distribute heat thus conveyed over the land, and by this two-fold arrangement depends the thermal condition of the globe.

That there have been investigations made, through private as well as governmental agencies, which go to prove that there is a connection between the meteorology of the sun and earth, is well known-but as yet we are ignorant of its exact nature. That there exists a meteorological period connected with the sun's rotation, and that the convection currents of the earth appear to be connected somehow with the state of the sun's surface, as regards spots, and that the cyclones of the Indian ocean are most frequent when there are most sun spots, are theories lately presented; and that the rain-fall, at least of the tropics, is greatest in years of maximum solar disturbance, and that there is a cycle of terrestial temperature, having apparent reference to the condition of the sun, is deduced from The disturbances of the magnetrecent observations. ism of the earth, are most violent during years of maximum sun spots, and that there is likewise a reference in magnetic phenomena to the period of the sun's rotation about his axis; and that the moon has an action upon the earth's magnetism, that is not altogether of a tidal nature, but depends in part at least upon the relative position of the sun and moon, we have strong grounds for believing.

From the different observations made, it is philosophical to suppose three distinct effects upon our globe are produced by the sun.—1st. A magnetic and meteorogical effect, depending somehow upon his rotation. 2d. A cyclonic effect, depending upon the disturbed state of his surface; and 3d. The well known light and heat effect.

We must admit that our knowledge in regard to these influences of the sun upon the earth is imperfect and speculative. But with the attention given to them, and with the improved means of investigation employed, we can hope at least, that ere long, for hypothesis, we may have scientific deduction; and that in discoveries to be made through them, we may be able to explain many of the phenomena which connect our luminary with the earth, and which may make plain to us the many enigmas we meet with in explaining atmospherical and terrestial influences, in their effects upon disease.*

Most of the surface of the eastern portion of the United States is but little elevated above the sea, and is quite uniform in character. In its natural state it is well wooded, and all cultivable, with equally distributed rains, and therefore little in regard to climate depends directly upon the surface character. All the highlands belong to the Appalachian system, or the several ridges of a broad belt, which are included under the general name of the Alleghanies. These elevations are not high enough, or are the ranges sufficiently continuous, where high peaks are found, to cause contrasts of climate on their opposite slopes. The higher portion of these ranges, which lie at an

^{*}An interesting investigation of the phenomena connected with the atmosphere of the sun, as shown by the spectrum, has been lately published by Mr. Langley, of the Alleghany Observatory. Observations by different astronomers prove that the surface of our luminary is less bright at the edges than in the centre, and this fact has been taken as proof that its atmosphere is an absorbing one. Mr. L. states that this atmosphere is a thin stratum, which cuts off one-half of the heat which otherwise would reach us, and any diminution or increase in the absorption would affect us to a very great degree. For example, an increase of twenty-five per cent. only, would lower the mean surface temperature of our globe by one hundred degrees Fahrenheit. The existence of the present order of things on the earth's surface would therefore seem to depend upon the steadiness of the sun's atmosphere. To what extent these fluctuations of temperature may have contributed to the Glacial Epoch already past, and what changes similar movements may be preparing for us, in some remote future, are questions worthy the consideration of the scientist.



elevation of from 1,200 to 1,500 feet above the sea, and one or two small areas, which reach an elevation of 3,000 feet, have probably more rains than the plains lying between them. But as the climate of these areas is modified only by a diminution of temperature of about one degree for 300 feet of altitude, and by a moderate increase of humidity, neither of these operate in a degree so great as to entitle these mountains to the important place as climatological agencies which the mountain ranges in Europe and on the Pacific coast invariably hold.

This uniformity of climate is embraced in a district which includes all of the continent east of the 100th meridian, excepting the points of local influence at the coast and near the great lakes, and is its most distinguishing feature; associated with it, is the changes of temperature and the oscillations of every sort which strike over the district, as changes over any plane surface.

These movements and disturbances generally move across the country from west to east, as though they were the incident of the belt of westerly winds prevailing over most of the area.

Prof. Coffin has deduced from a mass of observations, that such a belt of westerly winds prevails, and all the considerable clouds and storms so move, even when appearances indicate a reverse movement. The visible clouds may be driving from the northeast, southwest, or south, yet these are subordinate clouds; the incident of a saturated atmosphere and of higher clouds from the west. Franklin long since noticed this characteristic of our northeast storms—that in approaching us they travel against the prevailing winds.

In the Temperate Zone, or in that portion of it occu-

pied by the Middle Atlantic States, we are so situated, both geographically and topographocally, as to suffer but little from violent fluctuations in the amount of rain-fall, as compared with some other sections of the globe. It is roughly estimated by competent physical geographers, that the amount of water annually taken up into the air by evaporation of the surface of the land and sea, and which is annually precipitated by rain fall, is equal in amount to a depth of sixty inches spread over the entire surface of the globe. the annual average for the whole earth, but where it falls it is not spread evenly as to quantity or as to the At Philadelphia, the annual average, as computed from records since 1825, kept at the Pennsylvania Hospital, it is very near 441 inches. This is the annual average for the last fifty years. In thirty of these years the amount was something between 40 and 50 inches; in the remaining years, either below 40 or above 50 inches. The extremes were in 1825, when it was 29.6 as the minimum, and in 1867, the maximum year, when it was 61.2 inches, more than one-fourth of this last mentioned amount, fell in the single month of August of that year.

The amount of rain-fall is distributed with apparent evenness throughout all the months of the year. The average for the month of February for fifty years, is the smallest of the year, being a very small fraction over three inches (3.014), while the month of August, for the same period, gives us the highest average, being slightly over four inches and six tenths (4.6); all the other months of the year show averages between these two.

The great storms of our coast begin with the latter part of August, and their annual record shows a marked increase in their force and destructiveness as the summer departs.

The old notion of equinoxial storms has been nearly abandoned by modern students of the weather; yet the fact that storms cluster somewhat nearly about this period of the year, can scarcely be denied. To say that the tropical cyclones start in two belts, surrounding the earth at an equal distance from the equator, which they never cross; that the trade winds, on their edges start the eddies which develope into revolving storms, and that these clyclones in their forward movement are chiefly influenced by the earth's revolution, may be true, without affecting the question whether the frequency of great storms at this period of the year is not in some measure related to the changes of the seasons, or in other words, to the position of the earth in its orbit. In the work of the signal service, we have only arrived at the early stages of its capacity. It is a great triumph to be able to predict the weather for a few hours, or perhaps days, at a given station. But when a sufficient number of generalizations have been attained, when we know better how and why and where storms originate, when a far greater number of observations has determined the period of the year in which each of these is to be anticipated, we will have arrived at a much clearer and full understanding of the movements of the atmosphere, and a much more trustworthy science concerning it.

Prof. Loomis, in an address before the American Academy of Science, has given us some new hints as to the origin of our cold weather. The centre of the area of low temperature he finds nearly coincides with the centre of area of high barometer. This coinci-

dence, he thinks, cannot be accidental; and in a series of comparisons he finds that in a larger majority of instances, if there is a low barometer at a given point, a high barometer is found at a locality to the south east, at a distance of about 1,200 miles on this continent; observations in Europe give the same result as to coincidence and direction, but the distance is about 1,700 miles. In both continents the high barometer is also associated with low temperature. Thus when there is an area of low barometer in Alaska, there is an area of high barometer accompanied by cold, about the middle of the United States; when there is a low barometer in Iceland, there are records of high barometer and cold at Paris and Vienna. In general there is a flow of air to the central position of an area of barometer, and it seems necessary to assume that the air thus concentrated must rise and flow out above.

But it is shown that with an area of high barometer, there is a steady flow of air outward, and therefore that air must be descending from above within that area, and must be continuously supplied, as the outward flow is not accompanied by a falling barometer. It therefore seems probable that if within an area of low barometer the air is ascending, and simultaneously within an area of high barometer it is descending; the air which goes up in the one, comes down in the other. But there is a law of compensation always at work, which may interfere with our assumption that this theory may account for our cold spells.

The capacity of air for heat depends upon its density. If carried to a height the air expands, and pound for pound of air, there is the same amount of heat in it, in all directions. As we ascend, with rarity of air, we find increase of chill, until if we could be

carried alive into celestial space above the limits of the atmosphere, we might experience a temperature near 400 degrees below zero.

This theory was accepted by Prof. Henry as partly explanatory of areas of cold.*

As to the question of permanence of climate, a large mass of historical and statistical matter might be presented; but the evidence is, that there has been no sensible change in the climate of Europe, within the historic period, and none in the climate of America since its settlement. La Place has shown that the mean temperature of the mass of the earth cannot have changed in any appreciable measure, within the entire period embraced by astronomical calculations, and that none can occur while the planetary movements remain what they now are. Climate belongs to the physics of the earth's mass as distinctly as do the tides, with the exception of the exterior agency of the sun's heat; and if we determine that to be constant, all that remains may be treated according to the rules applicable in every other department of physics. surface of the earth and its geological structure, have at some remote interval undergone great changes, but there are none now in progress which are sufficiently important to influence the climate in any degree.

According to the theory of Mr. Croll, changes of climate must have arisen from general and not from any local cause or accidental combination of causes, and his conclusions only impress our minds with the

^{*} Prof. Loomis, in tracing storms across the Atlantic, from America to Europe, from West to East, finds they have a tendency to bend northwards, and that their average velocity on the Atlantic Ocean is nineteen miles an hour, but over the American Continent the rate is twenty-six miles an hour.

immensity of the time required in some of the most obvious of nature's operations. His computations extend backward three millions and forward one million of years. 240,000 years have elapsed since the period of the greatest eccentricity of the earth's orbit occurred to which the last Glacial Epoch is referred, and it closed about 80,000 years ago.

The eccentricity of the earth's orbit is diminishing at the present time, and in a little less than 24,000 years it will be as nearly circular as it ever can be, and no cycles of extreme heat or cold will occur for the next 150,000 years.

Humboldt makes the following reference to the United States, in his views of nature: "The statements so frequently advanced, though unsupported by observations, that since the first European settlements in New England, Pennsylvania and Virginia, the destruction of forests on both sides of the Alleghanies has rendered the climate more equable, making the winters milder and the summers cooler, are now generally discredited." And Dr. Noah Webster, after the most extensive observations, comes to the conclusion "that the hypothesis of a moderation of climate, appears to be unsupported." From the earliest observations in this country, commencing in 1738, with regard to the annual mean temperature and rain-fall, and in compilations of the records made by Prof. Henry, we find no material change; we must, therefore, conclude that there has been none worth consid-Although the greater constants, the mean temperature and mean quantity of rain-fall remains the same, there is a local humidity, which may be dissipated by the draining of lands or removing of forests and building of railroads; and it is in these that man's agency in influencing climate must be recognized.

New Jersey occupies a geographical position between the 39th and 42d parallels of North latitude, and as it forms a part of the great eastern slope of the North American Continent, it has extreme climatic features common to the North Atlantic States and the Mississippi valley, modified, however, to a considerable extent by its proximity to the ocean. Compared with some of the larger States, its extent is limited and its surface configuration is so slightly varied from that of a great plain, excepting the highlands in the north and western portions, that there is a remarkable uniformity in all the general features of its climate, and the variation is scarcely sufficient to admit any accurate division of the State into climatological provinces, or areas, having distinctive characters as regards their mean temperature, distribution of heat according to the seasons, amount and periods of rain-fall, &c.

The gradation in the mean temperature for the year in going from the north to the south, amounts to one and six-tenths degrees (1.6°) of latitude which corresponds with the mean varieties of the Atlantic coast, and is equivalent to five degrees (5°) between the extreme northern and southern points of the State.

The greater altitude of the northern part of the State lowers the mean annual temperature of those parts two (2°) or three (3°) degrees. The general uniformity is further disturbed by local causes, as elevation above the sea-level, proximity of mountains or of the ocean; but we are as yet unable to define the limits of these disturbing agents. Taken as a whole, however, this disturbance from these local causes is scarcely appreciable, so that from its position there is

a blending of the continental and oceanic influences, making it more equable than that of the interior States, vet not so uniform as more insular districts, or the western slopes of the continent which are more exposed to these softening influences of the ocean. mean annual temperature of the southern end of the State is between fifty-three (53°) and fifty-four (54°) degrees, and that of the northern end forty eight (48°) to fifty (50°) degrees. The isthormal lines of these means show that the average temperature of New Jersey is higher than in the corresponding latitude of the Middle and Western States, as they include the northern parts of Virginia, Kentucky, Missouri and the southern part of Pennsylvania, Ohio, Indiana and Illinois. The mean temperature for the summer months of that portion of the State south of Philadelphia, is seventy-three (73°) to seventy-four (74°) degrees; that of the northern counties varies between seventy (70°) and seventy-two (72°) degrees. mean of (70°) runs through Pittsburgh, Cleveland, Chicago and St. Paul, while that of (74°) crosses the Western States at Cincinnati, Springfield and Rock Island. For the winter months, the mean temperature of the northern portion of the State ranges between twenty-eight (28°) and thirty (30°) degrees, and that that of the southern between thirty-two (32°) and thirty-four (34°). The isothermal of thirty (30°) crosses the south-eastern part of Pennsylvania and through the central or south central portions of Ohio, Indiana, Illinois to central Kansas, running most of the distance south of the 40th parallel of North latitude. The winter mean of thirty-two (32°) to thirty-four (34°) also tends slightly south of west in crossing Maryland, Virginia, and so on near the line of the Ohio River to St Louis.

The modifying influences of the ocean raises the mean temperature of the winter and lowers that of the summer; so that the isothermal lines for the year run westward nearly parallel to the corresponding lines of Those of the warm months curve northwards after crossing the Appalachian ridges; and those of the winter are slightly deflected towards the The curvature of these summer and winter isothermals going westward, shows also the greater range between the mean temperature of the warm and cold seasons, indicating a more unequal distribution of heat throughout the year. A series of observations has shown the average range in places near the sea is less than it is further inland, and also going northward it is greater than at more southern localities, features characteristic of the whole eastern slope of the continent.

The longer ranges accompany the greater extremes; the greatest mean range is either in the winter or spring months, and the least mean fluctuation during summer. But neither the mean temperature nor the mean range exhibit such marked difference between different points of observation, as do the extremes.

The greatest range, at a point representing the northern portion of the Kittatinny Valley, is one hundred and three (103°) degrees. The April minimum temperature of the northern point of observation generally fall seven and six tenths (7.6°) below that of Greenwich, and in October this difference averages seven degrees (7°), being almost equivalent to a month in the progress of the spring, and also the same length of time in the lateness of the autumn.

The annual mean quantity of precipitated moisture is quite uniform throughout the State; not however to

the same extent as the temperature, since the variations in the fall of rain and snow are more irregular, and the areas of distribution are often very much circumscribed, and local causes are more potent. From observations at eleven stations, extending through an aggregate period of 151 years, the average amount per annum for the State is 43.84 inches or a little over three and a half (31) feet. The annual mean at Goshen, taken as the representative station of the Kittatinny Valleys is 34 inches, showing the greatest variation from the State average. The average quantity at Greenwich is given as (41.4) inches, and that of Paterson is (55.8) inches, and of Newark (45.68) inches: showing Paterson to be under some local influence which makes its rain-fall considerably greater than that of Newark.

From observations taken at stations selected as representing all the important surface features and districts of the State, the variation runs from 34 to 55.8 inches, or if we exclude Paterson and substitute West Point, as typical of the highlands, the range is from 34 to 46.5 inches. The distribution of this amount is not uniform for the seasons at eleven places whose observations are longest. May is shown to be the wettest in eight (8) and August in the remaining three (3). January and October are the driest months. The summer season has generally an excess of two inches over that of winter, and the spring exceeds that of the autumn. These observations show a remarkable uniformity among these stations in the distribution according to the seasons, as well as the uniform ratio that prevails between the amounts of the several seasons, and that the mean monthly fall varies little from one-twelfth of that of the year. From all the records obtainable, there are no proofs that the climate of New Jersey has materially changed since the settlement of the State in the seventeenth century.*

The difficulty in determining to what extent climate alone may affect any given disease, lies in knowing precisely how far other causes may operate in producing it. That there are diseases, each having its specific cause, and the latter only producing each its particular disease, is rational and almost demonstrable. We are acquainted with many of the conditions under which the causes are developed, and we know many of the laws of their operation, but we have yet to learn their nature. The discovery of one special cause might lead to a similar knowledge of other causes.

If we could attain a knowledge of their nature, we would be directed, almost by intuition, to the discovery of the means of destroying them, or to the neutralizing of their morbific operation, and thus the most destructive of the acute diseases would be prevented or arrested in their progress. It has been claimed that these special causes are either animal or vegetable organisms, and on this assumption is based the "germ theory of disease." To those of us who heard the late Prof. J. K. Mitchell lecture twenty-five years ago, the theory of the cryptogamic origin of many diseases comes up, with all the cogent evidence and argument, as presented by that distinguished medical teacher.

We need many more facts to determine the influence of the atmosphere in the production of disease. Why do warm, equable climates engender disease of the

^{*} As an act of courtesy, as well as of justice, we take pleasure in acknowledging our indebtedness to Prof. Geo. H. Cook, for assistance in furnishing valuable material in regard to the Mean Annual Temperature and Rainfall of our State.

liver and alimentary canal? Why are cold and especially variable climates attended with diseases of respiratory system and with rheumatism? Why has the influence of the east wind passed into a proverb?

There is one of the constituents of the air most remarkable in its nature and properties, and is present in small quantities. The researches of many chemists have placed the supposition beyond doubt, that it is a condensed form of oxygen with greatly exalted chemical activity; its energetic nature or oxydizing power surpassing that of oxygen, as much as the activity of the latter excels that of air. According to the conclusions of M. Houzeau, country air contains an odorous, oxidizing substance, with power of bleaching blue litmus, without previously reddening it, of destroying bad smells, and of bluing iodized red litmus.

That this substance is ozone, that the amount of ozone in the air at different times and places is variable, but this is at most one volume of ozone in 700,000 of air, it is found much more frequently in country than in town; it is greatest as to quantity in spring, less in summer, diminishes in in autumn, and is least in It is most frequently detected on rainy days, and during great atmospheric disturbances. pheric electricity is apparently the great generator of ozone. Prof. Pfaff, (Braithwait's Retrospect, Vol. 46) from observations made at Plauer, in Saxony, at an elevation of 1,050 feet above the level of the sea, concludes with respect to the influence of ozone, that its presence in the atmosphere acts mischievously on diseases of the respiratory organs; that it exerts little or no influence on epidemic diseases, provided these are not complicated with catarrhal affections.

excess of ozone in the air, whatever may be the direction of the wind, favors the development of inflammatory affections and especially tonsillitis.

Other diseases beside these mentioned do not seem to be influenced by the presence of ozone.

The geographical position of our State is such as to present within her limits the same geological, meteorological and climatic conditions as is experienced by other neighboring States, although these are modified by peculiar oceanic and other local influences, and it remains for us to determine what effect these may have upon disease. In the language of M. Boudin, "Man is not born, does not live, does not suffer, does not die in the same manner in all points of the earth. Birth, life, disease and death, all change with the climate and soil, all are modified by race and nationality."

The best source from which we should be able to derive information regarding the prevailing diseases of our State, their usual course, duration and treatment, is in the reports of our Standing Committee for the several years in which they have been published. But these are made up from data too general in their character, to arrive at a minute and reliable knowledge concerning them. This defect is not from any want of capacity on the part of the Committee, or of the Reporters in the several districts, but from the nature of the material furnished them by members of the profession. A common complaint of our Reporters is that their appeals for contributions are unheeded. thus the object to be obtained by the plan is defeated. "We can only arrive at a correct knowledge of the amount and distribution of health and disease within a given territory, through the agency of many medical observers. Loose or general statements in regard to the occurrence or prevalence of maladies in certain districts and localities, are not sufficient at the present day to meet the requirements of medical science. In figures only is there exactness, and consequently not until medical practitioners shall report every case of sickness, will it be possible to affirm to what extent a country is healthy or otherwise. In no case known to us, have statistical enquiries yielded results thus full and complete."

As we view New Jersey, we find she is among those portions of the earth in which occur almost every "There are, however, disorders variety of disease. which scarcely or never appear within her boundaries. Thus the plague is unknown this side of the Atlantic. The Dengue has never or scarcely reached so far The Yellow Fever has appeard, but confined within very narrow limits. Certain other disorders are scarcely or never met with as original or endemic affections, as Cretinism, Elephantiasis and Lepra. The more prevalent forms of endemic disease are of a febrile character, occurring mostly in districts or localities, the geological formation of which are favorable to the production of malaria. These maladies have types common to the periodical fevers of other States of the Union. The contagious exanthemata find here a genial climate, and are developed from time to time in all their severity; and these with other disorders prevail over the State, irrespective of latitude or topographical peculiarities."

Although the climate of our State may not be so uniform as that of California and the western slopes of the continent, it possesses elements which render it superior in many respects to the climate of many places situated near its centre. The air which we are now enjoying, is a fair example of that which she can afford to those who are so fortunate as to be exposed to its influence.

Possessing a coast line of more than one hundred miles, she presents facilities and advantages, not only to the pleasure seeker, but to the invalid, not to be excelled in any part of the world. The air is noted for its healthfulness, as is proven by the multitudes resorting every year to enjoy it, and is to be accounted for by its comparative dryness and its equability of temperature. The different points along her coast, which are every year receiving more attention, all possess advantages, with which our profession are becoming familiar, and of which they are disposed to take advantage in looking after the welfare of their patients.

The class of diseases which are greatly benefited by its atmosphere is a large one, and incudes all cases of rheumatic fever, arthritis, chronic bronchitis, laryngitis, incipient tuberculosis and scrofula. We need not confine ourselves entirely to the coast-line, but find this salubrity of climate extending some miles inland, "to the regions of the Pines," which for generations has been the resort of the valetudinarian and those suffering from diseases of the lungs, kidneys or digestive organs.

As there are patients with whom every physician meets, who are not benefited by the sea air, for which peculiarity I will not attempt to account; the hilly portion of the State presents just the atmosphere for their improvement and restoration to health.

In many of these, malaria is unknown, and with an atmosphere comparatively free from humidity, and

with a medium range of temperature, the invalid inhales vigor and strength with every inspiration; and many reduced to the lowest point of vitality, are restored to health, and at the same time, enjoy all the necessaries and luxuries required for the invalid.

ESSAY.

BY B. R. BATEMAN, M. D.

MENTAL PATHOLOGY AND CRIMINAL LAW.

Man is the master-piece of creative power. What artist ever conceived a piece of machinery so wise in its adaptation to a grand purpose, so elegant in its workmanship, and so perfect in its finish, as the human body? And this body is the temple of the mind, the shrine of the intellect, the home of the soul. may not imagine, with hope of satisfactory answer, how or when the embryo becomes possessed of mental faculties, for such questions baffle the researches of science, and put to the blush the wisdom of philosophers. The little babe born into the world in the early morning, and sleeping so sweetly upon the arms of its nurse, has a something in its composition that links it with divinity, and if perchance, it should die before the setting of the sun, its parents would give it the rite of burial, and speak of it as immortal. Whence comes this immortality? At what hour in utero does the child take on the principles of an endless existence? Where is mind located in the lobes of the cerebrum? What anatomist, in his dissections, has disclosed the secret chamber of the heart, or with his microscope revealed the germs of soul-life? In reference to these and a hundred kindred questions, psy chology is able to indulge in nothing better than idle speculation.

And the modus operandi of the diseases affecting the cerebral mass-those diseases that modify brain-structure, and disorder the action of the intellect-is but little better understood than the existence of mind But is medicine less a science because its votaries are compelled sometimes to grope their way through subterranean passages and unexplored labyrinths in their search for Truth? Is astronomy less a science because there are stars that have never come within the range of the telescope—constellations and systems far beyond the lens of the astronomer, whose orbits have never been reckoned, and whose distances have never been computed? Is religion less a science because we cannot understand the mind of the Infinite, or by searching find out God, and demonstrate to our own satisfaction and that of others, the problem of the Trinity? Are we not rather in a world of unexplained wonders, and surrounded by an infinitude of mysteries? And is not the human body in health, and the human body in sickness, the most inexplicable of them all?

Several prominent hypotheses have been advanced to explain the existence of non-congenital insanity. The psychological, semitic and intermediate theories have each and all had their admirers and advocates. But the theory adopted by European and American alienists at the present day, "assumes the brain to be the instrument of the mind, the physical instrument of mental action, and that a morbid physical change must occur in the brain, or in its investing membrane, as a precedent fact and cause of insanity." Perhaps the peculiarities of our American life, the overtaxed state of our nervous energies, the little time one finds for recuperation, the blind subserviency of our people

to the imperious demands of fashion, the pernicious habits that the young men and women of the nineteenth century are contracting in the billiard saloon and ball-room; perhaps these, and a hundred other things, are tending to the development of those morbid physical changes in the brain that result in the derangement of the intellectual faculties. The fact is as patent as it is lamentable, that diseases of this character are largely on the increase in our country. census reports more than 30,000 cases of insanity in our lunatic asylums; the majority of which are the beneficiaries of the State. Many other thousands. blessed with wealth, are watched and cared for by loving hands in the quiet of their own homes; while a third class, whose actions are sometimes marked by the impulses of an ill-balanced and disordered intellect, are under no restraint whatever, enjoy freedom in every thing, until an act, perhaps of a criminal nature, discloses the existence of the mental derangement, and brings the offender before a court of justice.

The victims of moral insanity are numbered, I believe, by the tens of thousands. We meet them in Wall street and in the Exchange; we encounter them in railroad cars and on ship board; we attend them professionally when sick, dine at their tables when well, and maintain with them for years friendly relations of the most intimate character. Says Dr. Geo. B. Hord, "there are numerous individuals mingling in society, and participating in the ordinary avocations of other men, whose sentiments and conduct are so peculiar as to attract general attention; but who can reason so well upon all subjects within their capacity, and whose intellect is often so clear, and in many

instances even strong, that no one questions their san-They are simply said to be singular or eccentric. Now the fact is, that such individuals are not unfrequently as much under the control of their morbid feelings, act as irrationally in obedience to these feelings, and are morally as little responsible for their acts, as others who carry out in their conduct some false conclusions of the intellect." And then, inexplicable as it is, we know that persons in the perfect possession of their mental faculties are sometimes seized with the propensity to commit an insane act without any appreciable motive or object whatever. Sometimes they rush headlong to the act in obedience to the impulse, which takes them, as it were, by surprise, so that they have apparently no time for resistance. In other instances the impulse is less immediate and powerful, and the patient is able to hold out against it until the morbid condition of brain, in which it originates, ceases spontaneously, or under the influence of remedies. The tendency is most striking when it takes, as it not unfrequently does, a violent or illegal direction. There is reason to believe that an insane impulse has oftentimes impelled individuals to take their own life, and that of others. Have we not had several lamentable instances of this kind in our country during the past year? Was it not an impulse of this nature that lead Ralston, the banker-prince of California, to commit suicide? And was it not a fit of momentary insanity that drove Albert W. Markley, a name known to many of you, and honored as well as known, to cast his body in the waters of the Delaware ?

History furnishes many instances of moral insanity among those who have adorned the highest pages of literature. Poor Cowper was the victim of a hypocondria that embittered his life from early youth to old age, made him the most miserable of men, and sent him to his grave with the darkness of delusion still veiling his spirit. The poetry of Cowper, that has stirred the heart of unnumbered thousands, and melted to tears with its sweet tenderness, was much of it written when he was dejected in spirit, and continually haunted by the spectres of a monomaniac. The world was to him the translation of Homer, and yet the world but little knows the darkness and gloom that enshrouded this "unhappy chief of genius," as he prosecuted for weary years his task. Cowper was insane.

And the question of Lord Byron's hypochondria will not be disputed by those familiar with his writings. Its various protean forms are there set forth in language which affectation could not forge, nor fiction mimic. "I must write," says this brilliant poet, "to empty my mind, or I shall go mad." It was a paroxysm of melancholy that gave to the world one of the most humorous of his productions, and produced in a single night a poem which has immortalized his name. With what exquisite pathos, in Childe Harold, does he refer to those circumstances which had such a depressing influence upon his life and character.

"I have thought
Too long and darkly, till my brain became
In its own eddy boiling and o'erwrought,
A whirling gulf of phantasy and fame;
And thus untaught in youth my heart to tame,
My springs of life were poisoned."

Again, the student of history familiar with the character of Dr. James Johnson, well remembers those

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exhibitions of mental depression which rendered him so terribly sad beyond expression. Johnson's melancholy manifested itself at the early age of twenty, and increased in intensity as he advanced in years. The leading symptom of his hypochondria was the apprehension of death, and every day appeared to aggravate his terrors of the grave. Like Metastasio, he would not permit the word to be pronounced in his presence. His disease, which embittered his life from early manhood, cast a shadow of deepest gloom over his dying hours.

History furnishes many instances of this character. But why multiply examples? The mental delusions of Cowper, and Byron, and Johnson, and Pope, and Burns, and many others equally well known to the student of literature, have been given to the world with minutest detail by their biographers. These all were men conspicuous above their fellows; and the public to-day, and the public a hundred years from to-day, will read with avidity every circumstance of their sad history that gave color to their thoughts, and stimulus to their life-work. But how many thousands of cases of hypochondria there are, scarcely known beyond their own roof-tree, who live and die the victims of a monomaniac delusion. I have known them in the pulpit, at the bar, in the ranks of our own profession, and in the walks of private life.

So numerous are the cases of hypochondria that it becomes an exceedingly difficult question for even a forensic physician to decide between real and simulated insanity. If a crime is committed, the cry of the populace is, "the perpetrator is insane; no man in his senses would be guilty of such a cold-blooded deed." Artful lawyers avail themselves of this existing

opinion, or so present the cause of their client as to create the belief, and thus the jury acquits the criminal upon the plea of insanity, and sets him at liberty, with his hands red, perhaps, with the blood of his "My client is insane," says the lawyer, and insanity is not incompatible with the prosecution of a profession, nor does it incapacitate one for the discharge of the ordinary duties of life. Cowper was insane, and yet wrote the sweetest of poetry; the bard of Scotia was the victim of hypochondria, and yet stirred the heart with his tender lyrics; Napoleon was subject to epilepsy, and yet led a vast army and conquered his enemies; Mohammed sometimes fell into terrible convulsions, and yet drew unnumbered thousands after him in the establishment of his new religion. "Now, you may have known this man," continues the lawyer, "from boyhood, and may never have suspected him insane; he may have been successful in his business, upright in his dealings, pure in his morals, and blameless in his life; but he must have been the victim of an emotional insanity, or he would never have been arraigned before a court of justice upon the charge of murder." Now is it any wonder that twelve men, who in ninety-nine cases out of a hundred, know nothing about physiology or psychology, or the relation of mind to body, or body to mind, should be mystified by such pleadings, and should be ready to swear, when they are released from the jury box, that all the world has gone mad, and they alone have escaped to tell it.

The facility with which this plea of insanity may be used, and the influence which it always exerts upon the minds of a jury, when skillfully employed by a shrewd barrister, has defeated the ends of justice in thousands

of cases, and turned upon the community unpunished men, who ought to have hung as high as Haman. A man in a fit of anger sends a ball through the head of his fellow, and when brought to trial, the jury are told that the criminal was insane. Medical experts are examined to substantiate the assertion, and the jury, unable to distinguish between anger and insanity, give the prisoner the benefit of their doubts, and set him at liberty.

Wharton reports Briand as saying, that from the height of passion to madness is but one step, but it is precisely the step which impresses upon the act committed a distinct character. It is important, then, to know exactly the precise characteristics of the passions and of insanity. But here science fails, for it must be admitted that we are unable to point out the place where passion ends, or where madness commences. Orfila draws the following distinction between a man acting under the impulse of the passions and one urged on by insanity. The mind is always greatly troubled when it is agitated by anger, tormented by an unfortunate love, bewildered by jealously, overcome by despair, humbled by terror or corrupted by an unconquerable desire for vengeance. Then, as it is commonly said, a man is no longer master of himself, his reason is affected, his ideas are in disorder, he is like a mad man. But in all these cases, a man does not lose his knowledge of the real relation of things; he may exaggerate his misfortune, but this misfortune is real, and if it causes him to commit a criminal act, this act is perfectly well-motived. Insanity is more or less independent of the cause that produced it; it exists of itself; the passions cease with their cause, jealously disappears with the object that provoked it, anger lasts but a few moments in the absence of one, who, by a grievous injury gave it birth. Violent passions cloud the judgment, but they do not produce those illusions which are observable in insanity. They excite for a moment sentiments of cruelty, but they do not produce that deep moral perversion which influences the madman to sacrifice, without motive, the being he most cherishes.

Was it not a fit of anger that sacrificed the life of Dr. Parkman, at the hands of Prof. Webster, in 1849? Did any one ever venture to intimate that the repeated demands of Dr. Parkman for the payment of the claims due him, had driven the Prof. insane; that the latter, goaded by an insane impulse, had invited the former to his laboratory in order that he might take his life, and that the arm which struck the fatal blow acted in obedience to the impulses of a disordered intellect? Was it not understood then, and is it not believed now, that Prof. Webster killed Dr. Parker in a fit of momentary anger? And did not the city of Boston, and all the country approve, even when they mingled tears of sympathy with their approval, of the verdict that demanded the life of the Professor in atonement for the life of his victim?

Now the thoughts already expressed in the essay, and those which are to follow, have had their origin in the recent decision of a criminal case by the District Court of the County of Cumberland.

On the 19th of March, 1875, Chas. K. Landis entered the office of Uri Carruth, the editor and publisher of the Vineland Independent, and learning, upon inquiry, that Carruth was temporarily absent, awaited his return. While thus waiting, he employed the time in reading. Immediately upon the entrance of Carruth, Landis

deliberately arose and presented a revolver. The editor fled through a door into the composing room, closely pursued by his antagonist, who fired one shot, the ball lodging in the base of the skull. The wounded man fell to the floor and was supposed to be dead. In reply to the employees of the office and others, Mr. Landis said, "I have killed him; I was obliged to do it; I killed him in the cause of God and humanity; I am sorry for it; I hope he will not die." Friends hurried to the scene and found Carruth still living; a bed was extemporized in the composing-room, and he was given into the hands of experienced surgeons. the meantime, Landis was incarcerated in the county Weeks passed on, and Carruth, with the ball still in his brain, began a gradual convalescence. the month of June he was so far recovered that he took, by the consent of his attending physician, a trip into New York State, and remained there until the first of August. Soon after his return to Vineland, certain complications of an unfavorable character presented themselves; he grew rapidly weaker, and very unexpectedly died upon the 23d of October, 1875. Landis who had been at liberty upon bail, was remanded to the county jail, and at the January term of Court, 1876, was tried for the wilful and deliberate murder of Uri Carruth.

It was known that a feud had existed between these parties for many years; that Carruth had prostituted the columns of his "paper" to the vile purpose of a slanderous and personal attack upon the name and reputation of Landis; that this course of persecution had been persisted in week after week, and month after month, and that the immediate cause of the shooting was an article written by the deceased,

reflecting upon the character of Mrs. Landis, which article came to the notice of her husband upon the morning in question.

When the case was opened by the defence, the community was amazed beyond expression by the plea of insanity, strongly put in behalf of the prisoner. The defence did indeed review the matter of mal-treatment, and tried to show that certain abscesses in the region of the wound were caused by unskillful and officious probing, upon the 12th of May, twenty-two days after the reception of the injury; and that the deceased, having steadily refused to allow them opened, died in consequence therefrom. But it was quite evident that the question of mal-practice had but little weight with the jury. The verdict turned upon the plea of insanity.

A better understanding of this case may require a brief statement as to the character and work of the defendant. Chas. K. Landis is a lawyer by profession; early in life he became interested in colonization, and after a successful effort at Hammonton, N. J., he entered more largely into the scheme, by purchasing in 1861, 30,000 acres of woodland in the township of Landis, county of Cumberland. By judicious advertising he soon called around him settlers from all parts of the country, and the beautiful town of Vineland, numbering 6,000 inhabitants, after a lapse of fifteen years, rewarded the energy and enterprise of its founder.

During these years, Landis did an immense amount of business in real estate; was interested in everything that promised to promote the welfare of the town; jealously watched the highest interests of its citizens, and gave to Vineland an enviable reputation for order, industry and sobriety.

He spoke much in public, wrote much for the press, travelled much abroad, mingled with men everywhere, and yet no one ever broached a suspicion of his insanity. Its first intimation came from his counsel during the farcical trial; and so skillfully was it handled, that the twelve intelligent men who constituted the jury, after an absence of forty-eight hours from the court-room, returned with a verdict of not guilty, upon the plea of insanity. Two days thereafter, an examination was made by order of Judge Reed, into the mental condition of Mr. Landis, with a view, as I suppose, to his incarceration in a lunatic asylum, but having been pronounced in open court perfectly sane, he was set at liberty, and continues the prosecution of his business as before, blasted in reputation, it may be, but unharmed in body. He steps aside but for a moment to avenge himself of the wrongs inflicted by his adversary, imbues his hand in the blood of his persecutor. silences forever the pen of criticism and the tongue of slander that had so often annoyed him, and when brought to trial for the highest crime known to the court, by the maneuvering of his distinguished counsel, escapes the gallows, escapes the walls of a prison for life, or any limited number of years, escapes even the imposition of a fine to cover the cost of prosecution, escapes everything of a punitory nature, and all upon the plea of insanity! Well may the goddess of justice in the State of New Jersey veil her fair face in shame, and clothe herself in the habiliments of mourning.

Things are coming to such a pass in our country that it is almost impossible to convict a wealthy criminal. The rich take the law into their own hands, redress real or imaginary wrongs with a Colt's revolv-

er, and then bribe justice with gold, and blind a half-starved jury with voluminous testimony, proving the deed to have been committed in a fit of emotional, momentary, or invisible insanity. "I should not be afraid to go before any jury," said Landis, months before the shooting of Carruth, "with that man's blood upon my skirts." Is it not time for the intelligence of our country, in the interests of religion, morality and good government, seriously to consider where we are drifting in the matter of penal punishments?

During the past six years there have been 281 murders in the city of New York, and 274 of the murderers have escaped the gallows. The penalties of the law inflicted only in seven cases! Will human law be regarded, or human life respected, under such a lax administration of justice? The shrewd lawyers of the metropolis, by their strategic dodging, "plea of insanity," "stay of proceedings," and applications to the Court of Pardons, are every day thwarting the ends of justice, and every decade turning upon the community a battalion of homicides to repeat their merciless acts.

Is it not time that the criminal laws of our country were so modified as to adapt them more thoroughly to the requirements of psychology? Have we not come to that period in the national life, when the public good demands the abolition of the death penalty—demands its abolition because in nine cases out of ten the law has become impotent for the punishment of criminals? Does not the history of crime in this country show that the most terrible punishments cannot restrain it, and that it is not the severity, but the certainty of retribution that holds in check the wicked

passions of men? The experiment of abolishing capital punishment is not altogether new in our country. Five States have tried it. Michigan led the van in 1846, and during the first thirteen years after the repeal of the death penaly, there were thirty convictions for murder. During the next fourteen years, with an increase of 50 per cent. in her population, there were only twenty-six convictions. These figures furnish an argument in favor of a change in our penal legislation, and such a modification of criminal law as shall insure certainty of punishment. Wisconsin. Iowa, Rhode Island and Maine, have each and all followed the example of Michigan, and are so well satisfied with the repeal of the law and the substitution of imprisonment for the gallows as to refuse the restoration of the statute.

I am aware of the arguments used against the abolition of capital punishment. I know that it has been urged that imprisonments generally end in pardons, and that thus, in the majority of cases, criminals escape the just punishment of their criminalty. But could not the laws be so fixed as to prevent the possibility of such an occurrence, and make the punishment as certain as the crime? Impressed with the importance of a radical change in our penal legislation, I venture to make the following suggestions, viz:

- 1. Imprison for life every person convicted of murder.
- 2. Make the disposition of the case a final one, putting it forever beyond the reach and influence of the Court of Pardons.
- 3. Forbid any plea for acquittal on the ground of insanity.
 - 4. Abolish trial by jury in case of capital crime,

and let the evidence be submitted to a court of Judges.

- 5. Interdict impassioned appeals of lawyers to the sympathy of the court, and let the facts as they fall from the lips of witnesses, under oath, decide the case in hand.
- 6. Make imprisonment for life to mean, hard labor and compulsory education.

Now in addition to these or similar changes in our penal laws regulating the trial and punishment of criminals, many of these questions which have heretofore been considered from the stand-point of ethics only, must be referred to medical science. And this brings me in conclusion only briefly to notice the relations which educated medical men sustained to the general question under consideration, and for which our profession ought to be held responsible by an intelligent public.

I. It is the duty of medical science very sedulously to inquire into these morbid states of body and mind that so often instigate acts of a criminal nature. records of our penitentiaries and prisons prove beyond question that the perpetrators of crime in almost every instance, are men not possessed of "mens sana in corpore sano," but rather those whose bodies have been enfeebled by disease, or a long continued course of dissipation, which in the end provokes a sympathizing feeling on the part of the brain, and a partial derangement of the mental functions. Now can medical science do anything to prevent or in anywise mitigate these crime-producing causes that are every week consigning to everlasting infamy those, who with proper care and a helping hand, would have become useful citizens in the community? The State Medical

Society of New Jersey has given considerable attention to the subject of Hygiene, and very wisely, for the subject is one not only of vital importance, per se, but it has a direct bearing upon, and sustains an intimate relation to, the general question of crime. Remove from any community, so far as you are able, those causes producing disease, and you not only insure to the people a vigorous condition of body, but you guarantee thereby a healthful state of morals. Take away that "cause of all causes," that annually consigns in this country, 60,000 men and women to a drunkard's grave, and fills the cells of every penitentiary in the land with the poor victims of the damning vice, who, weak in body, destitute in circumstances, and frenzied in brain, are driven in a moment of desperation to the commission of a criminal act that casts a shadow over all their subsequent life. I hold it to be the duty of medical men very patiently and impartially to investigate the history of crime, and use their undivided and collective influence to bring medical science under contribution for the speedy relief of the causes.

II. Educated medical men must recognize that exalted position which they hold as citizens of our commonwealth, irrespective of their professional status. How often is it true that the physician is the best educated man in the community. It is he who gives direction to public sentiment, and moulds to suit his fancy the opinions of the populace. He is regarded as the conservator of public morals, and is expected to lead the van in the prosecution of reformatory measures. And then, aside from this private and social influence, the sons of Esculapius are found in State Legislative Councils, in the halls of Congress, upon

the bench of Judges, and in the chair of State, clothed with Gubernatorial honors. Now is it not within the province of our profession, in each and all of these capacities, to inaugurate a spirit of reform? What class in the community should be more Argus-eyed than educated physicians? Our profession does not reach its ultimatum in the administration of hypodermic injections, the prescription of pellets and powders, the amputation of a limb, or the removal of The bravest men that ever shouldered a a tumor. musket were those who fought with Cromwell; but when the battle was over, and the uniform was exchanged for the garb of the civilian, Cromwell's invincible soldiers were found to be the most trustworthy of citizens. We have no right to divorce those obligations which as physicians we owe to a suffering humanity, from those duties which as citizens we owe to the State. If criminal acts are being multiplied in our country, it is manifestly the duty of our profession, not only to institute an inquiry into their history, but to consider the provisions of law for the punishment of criminals, and the probability of the execution of such laws in the light of recent statistics, and urge upon the attention of the people, and their representatives in legislative bodies, such reforms as in our judgment will conduce to the highest social, moral and religious well-being of the nation.

III. And finally. We are living in times when educated medical men must guard against bending their influence in thwarting the ends of justice, and shielding from punishment those known to be guilty of penal offences. Esau sold his birthright for a mess of pottage. For thirty pieces of silver Judas betrayed his Master. Honor and honesty are not concentrated

in the medical profession. Gold has tampered with conscience, and bought the reputation of many devotees of our science. I remember seventeen years ago, when a student of Anatomy, in the dissecting rooms of College Avenue, the now distinguished Prof. of Surgery in the University of Pennsylvania, in pronouncing his farewell address, made use of the following language: "The physician is assailed by the devil with one of his strongest temptations. attacks the cupidity of his nature. 'See,' he says, 'here are the kingdoms of the world; all these, and the glory of them, will I give you, if thou will but worship me.' How my heart pains me when I think there is not strength enough in every member of our Society to say, 'Get thee behind me, Satan.' Immense sums are offered, yea, and received, for criminal purposes, and there are those in every great city, who grow affluent upon revenues acquired at the expense of conscience, life, body and soul." I did not fully understand the meaning of those words, seventeen years ago; but I understand them to-day. At such a time as this, medical men should look well to their honesty of purpose, integrity of heart, and purity of life; at such a time as this, when crime sits with brazen effrontery in the Cabinet of the nation, and stalks unblushingly through the land, from ocean to ocean; at such a time as this, when our centennial songs have much of the quality of Bacchanalian orgies, and there is mingled with every thrill of joy the bitter tear of mortification. At such a time as this, how beautifully apropos the words of Holland, the poet:

"God, give us men! a time like this demands
Strong minds, great hearts, true faith and ready hands;
Men whom the lust of office does not kill;

Men whom the spoils of office cannot buy;
Men who possess opinions and a will;
Men who have honor; Men who will not lie;
Men who can stand before a demagogue
And damn his treacherous flatteries without winking;
Tall men, sun-browned, who live above the fog
In public duty and in private thinking;
For, while the rabble, with their thumb-worn creeds,
Their large professions and their little deeds—
Mingle in selfish strife, lo! Freedom weeps,
Wrong rules the land, and waiting Justice sleeps."

ESSAY.

BY E. P. TOWNSEND, M. D.

MEDICAL HEROISM.

Mr. President and Gentlemen:—As your appointed essayist, I have no apologies to make; but I fear that before I have finished, the necessity for an explanation will become apparent.

Some three months since, our honorable Secretary, Dr. Pierson, had the coolness to demand of me the title of my forthcoming essay. Imagine my position, to name offspring before its birth; what absurdity! How could I tell but that the thing might present itself in some abnormal shape, and delivery be impossible; or, worse yet, it might be "still-born."

I must, therefore, claim your indulgence, if, under the title of "Medical Heroism," I get switched off the track, and bring in material entirely foreign to the subject. I can recollect the time when a great many people thought and expressed the idea, that when a young man was either too weak, or too lazy, to make a successful farmer; too awkward for a mechanic, or too dumb for a minister or a professor, the best use you could put him to would be to send him to a Medical College and make a doctor of him. In later days, most people recognize the fact, that to be a successful physician, the student must possess all the inherent moral and mental qualifications requisite to rank him as an educated, polished gentleman, a foundation of

common sense, (that rarest of all kinds of sense), and erected upon this basis, a careful medical training.

Among the moral qualifications integrity, purity, sympathy for suffering, and charity are deemed essential, but no one seems to think that bravery and heroism are at all requisite; I shall, therefore, assume the position that every practitioner of medicine is either brave or ignorant.

The young medical student who sits quietly poring over his books, or who picks up the medical journals of our day, or who as he advances to college and sits from day to day listening to the flowery lectures of the course, or in the dissecting room studies the perfect and wonderful mechanism of the human form, is apt to leave his alma mater with the idea that the grim tyrant, death, will loose his fangs on his intended victim and disappear at his bidding; but when he reaches the bedside of his first critical case, and tries his vaunted remedies, and fails, his courage and his conceit are very likely to ooze out at his finger ends. I well recollect my own experience in that line. I received my first call with considerable pride, as it was to a leading lady of the neighborhood, but the nearer I approached the house the greater I appreciated the responsibility I was about to assume. On reaching her bedside I asked her attendants all the questions I could possibly think of, (for the patient was apparently insensible), and the more answers I received the more I became confused, until I was ready to swear that she was full of "itis's" all the way through, from Iritis to Metritis, and was racked by all the pains from tic-douleureux to gout in the toe, and finally lit upon the happy idea of sending six miles through darkness, mud and mire, and dragging my invalid father

from his midnight slumbers to aid my diagnosis. He came, he saw, he conquered all my difficulties, all my conceit, and my dying patient's hysteroidal troubles with a stout dose of valerian. "Oh what a fall was there, my countrymen!" I was weaned.

So long as differences exist in the constitutional characteristics of patients, it will be impossible for authors and teachers to lay down rules or plans of treatment that dare be taken as an infallible guide; and although thorough medical education, clinical training, and a good library of medical authorities are indispensable to the practitioner, he must possess bravery enough to cut himself loose from their thraldom and pursue such a course as his own judgment may dictate, even though adverse to the recognized practice, with a full knowledge that if he does so, and the case terminate unfavorably, he will be open to criticism and censure.

Irregular or quack practitioners who are ignorant of the mechanism of the human body, the laws of health, the symptoms and ravages of disease, and the effects of remedies, may be extremely bold, for they know no danger, and therefore feel no kind of responsibility. To them it is a blessing that the grave covers their blunders.

The heroism that makes men march in solid column up to the cannon's mouth while belching forth its deadly showers of grape and canister, or mount the ladder, in the midst of lurid, scorching flames and suffocating smoke, or plunge into the rushing, seething torrent, to save a life endangered, is of one kind; but the heroism of an intelligent physician who stands by the bedside of his patient surrounded by anxious relatives and friends that depend on him for aid, and scan

every expression of his countenance that they may anticipate his opinions, and calmly and coolly decides his course, even though his brain be racked with anxious thought, not only as to what he shall do, but when he shall do it, is of a very different type.

Let us imagine a scene, and I presume I will have no difficulty in bringing it before your minds, although I am no artist, for I presume no physician present has escaped one or more such cases. You are called from your bed some stormy, dismal night, to the bedside of Mrs. B—, and, remembering her condition, you grasp your forceps and such other appliances as are at hand, and when you reach her, find her laboring under convulsions—puerperal convulsions. 1 dare not attempt to describe the scene-memory alone can paint it in all its hideous forms. You are alone, perhaps miles away from medical assistance; the agonized friends are looking to you alone for aid. You must think for yourself, act advisedly, and accept the consequences, not in the result of that case only, but in your reputation thenceforth, for if your case result unfavorably, you have none to verify your diagnosis or support your practice. Your patient, perhaps, lies insensible, the convulsions occurring at short intervals, teeth clenched and deglutition impossible; pulse quick and bounding; labor, perhaps, scarcely commenced; pains slow, weak, or entirely deficient; the os undilated, and yet you feel that the treatment must . be early delivery or death. In the twinkling of an eye you review your authorities. Shall you bleed and reduce the life current? that must be your stay and support should your patient reach the stage of convalescence. Shall you use anæsthetics? they are, perhaps, miles away. Shall you use forceps? the os is not sufficiently dilated. What shall you do? Could you but quiet that heart, and prevent it from forcing so much blood to the overcharged brain, and thus relax the system, you feel that you might save your patient's life. But she is insensible, she cannot swallow; your endermic syringe and your veratrum are at hand—the remedy that will control the circulation, and the instrument that enables you to introduce it. Dare you use them? You have no authority. Neither Meigs or Hodge or Ramsbotham or your more recent authorities have recommended them, and yet, having a certain end to accomplish, and the means at hand, your duty to your patient and to the friends who have trusted her life in your hands, demand that you have courage enough to be an authority unto yourself.

But again: your patient may be anæmic instead of hyperæmic, and the above course not admissible, you decide upon craniotomy. With your index finger you can barely reach through the slightly dilated os what you believe to be the vertex of the child, and with a prayer upon your lips for wisdom to guide you, you plunge your vectus into the brain of a living child perhaps, to save, if possible, the more valuable life of the mother; then toil on for hours to remove piece by piece the fœtus, and with every nerve that has been strung to its utmost tension, now unstrung; every faculty of the mind exhausted, and perspiration reeking from every pore, rest from your labors to find your patient in the last gasp of death. The bravery, the heroism that nerves a man to such a post of duty is of a kind that no monuments can portray, no obituaries faithfully record.

You may have been called to see a child, and find it suffering with membranous croup, a foe that, unless

unseated at once, will hurl its victim into eternity. The stridulous breathing, the quick inflammatory pulse, invite you to the battle. How will you fight? Will you meekly order your demulcent drinks, your warm foot baths, with a few drops of hive syrup or ipecac, or will you bravely grapple with death, and, knowing that he is certain to conquer on the one hand, take the little sufferer under your own control, and rather risk his death with your full doses of veratrum and emetics, than fold your hands and see him perish by strangulation?

The gentleman who places himself, his wife, or his child in the hands of a physician, has a right to expect that physician to be, not only qualified for his duty, but brave enough to assume any responsibility that the exigencies of the case may require. He who takes no step, except at the instigation of his medical authorities, and prescribes after their recommendations only, soon becomes a mere routinist, and in those acute cases where death stares the patient squarely in the face, too often finds that while he is weaving theories, his patient has slipped from his fingers, for want of prompt assistance. But it is folly for me to waste any more valuable time or arguments to prove a position which all are willing to admit, and as I am determined my effort (as essayist) shall be meritorious in some respect. I will let that merit be—its brevity.

REPORT OF STANDING COMMITTEE.

The Standing Committee has been furnished with reports from all the District Societies, maintaining their relations with the State Society except Ocean county, which, having just been organized, we suppose, has not placed itself in complete working condition. The committee received a letter in April, from the last secretary of the Somerset District Society, stating that it had held no meeting for two years, and that it may be considered as disorganized. The reports received are mostly full, and evidence care in their preparation. Complaints are expressed in some of them, that the members of the local societies do not respond to their personal duties in rendering a record of their medical experience. We may hope that those who are faithful to duty, will provoke their associates to good works; that this is growing to be the case, is manifest by the experience of the last few years.

The general health of Bergen County has been as good as the preceding two or three years. In Hackensack there has seemed to be an entire absence of all epidemic influences, or more correctly, an entire absence of all manifestations of such influences in the prevalent diseases of the year. There have been less malarial fevers than usual, but the more common serious results of malarial poison have been

manifest in the different forms of neuralgia, which yield only to large doses of quinine. In regard to malaria, there were a great number of cases of a peculiar character, both pernicious and marked fevers, some of them being typho-malarial, many of them not to be designated by any distinct type, because of the absence of distinctly marked pyrexia or apyrexia, running their course without any, or with only slightly developed febrile manifestation, with little more than general malaria. Dr. Hopper, who has noticed these cases, remarks that he does not share in the opinions of that class of medical observers who always associate malaria with swamps and other low lands, and who find in them the almost exclusive and prime factors of its production, and believes that its origin is in and around our dwellings, the products to be classed among preventable diseases. They are the direct result in many cases, of the inhalation during the hours of sleep, of an atmosphere poisoned by mephitic gases from out-door water-closests, in proximity to the open windows of sleeping apartments. In Park Ridge there was a continued decrease of intermittent fevers; early in the winter diphtheria and scarlet fever appeared in different localities, and were more or less prevalent during the winter and spring; many of the cases were severe and compli-In Ridgewood and vicinity the prevalence of dysentery was noteworthy, approaching an epi-Diphtheria was rife, and its fatality in some places fearful. The same disease has prevailed extensively in the lower part of the county, particularly in Carlstadt and vicinity. In Englewood there have been an unusual number of cases of pneumonia of a decided malarial type, confined chiefly to the

young. There was also much whooping cough. Influenza and other affections of the air passages, and rheumatism, with a few sporadic cases of diphtheria in a mild form.

BURLINGTON COUNTY in its medical history presents nothing of particular interest. In Beverly, measles and whooping cough were the only epidemics. During the fall and winter, bilious remittent and intermittent fevers prevailed to some extent, with a few cases of typhoid of a low grade. During the spring a great many cases of catarrh occurred, affecting the nose, throat, frontal and maxillary sinuses, and extending in many cases to the eustachian tubes and ears, attended with a severe spasmodic cough, and in many instances in complete aphonia. In Tuckerton the year has been one of universal health along the shore. but at Bass River a fearful scourge of diphtheria has existed during the greater part of the winter and Dr. Reeves, the practitioner there, has treated about one hundred and fifty cases in a population of eight hundred. He estimates that onequarter of the population of the infected district was affected in a greater or less degree. Its mortality reached about 10 per cent. The complaint was confined to an area of about six miles square. evidences of contagion were, in the estimation of Dr. Reeves, quite manifest. In Mt. Holly during July, August and September, in a limited locality of the town and on the border of the low meadows, at times overflowed by high tides, there were a number of cases of typhoid fever, made peculiar by its rapid course, with speedy emaciation and enteric symptoms with delirium. The majority of the cases occurred in children over four years of age; most of the cases yielded to treatment.

In CAPE MAY COUNTY the only epidemic was influenza. Sporadic cases of scarlet fever, pertussis, measles and diphtheria appeared, and of a tractable form.

In CAMDEN COUNTY, throughout the whole year, scarlatina and diphtheria have prevailed, but not to any great extent. During the autumn some cases put on a malignant type in the city of Camden, where seventy deaths occurred. Some cases of whooping cough and enteric fever presented themselves during the whole of the year. About the middle of February, variola appeared in Camden City in a locality where typhoid fever was then prevailing, opposite to which a culvert emptied its noxious contents on a large marsh; nearly all the cases of typhoid fever which the reporter met with were found here, and all the cases of variola were also in the same locality. The close proximity of the place wherein these two diseases were found, suggests very forcibly the close between putrefaction, fermentation and zymosis.

CUMBERLAND COUNTY has experienced a general prevalence of health. The only diseases mentioned by the reporter as worthy of record, is membranous sore throat, which was epidemic, followed by a genuine epidemic of influenza. In Millville, erysipelas was epidemic during the spring months. The reporter says that it is observable that there is a gradual increase of nervous affections in his district.

In ESSEX COUNTY among the diseases of the acute infectious type which have been noticed, the principal are diphtheria, measles, rubeola (German measles),

scarlatina, pertussis and parotitis. The former raged in the city of Newark and its suburbs, and also in Montclair during the colder months, proving fatal in many cases. The epidemic of German measles was extensive, but did not prove severe. It seems to be a disease distinct from measles, from which, in the majority of cases, a diagnosis can be easily made. Pneumonia has been endemic in Orange, East Orange and the western part of the city of Newark, during the last two months. Typho-malarial fever appeared among the guests of the Prospect House in Montclair, about the 1st of August, caused by defective sewerage. The cases of diphtheria in Montclair seemed to have been caused, in almost every instance, by depraved sanitary conditions.

In GLOUCESTER COUNTY whooping cough has prevailed extensively, being persistent rather peculiar; quite fatal to very young infants. tina has also been endemic. Very different, the reporter says, is this present epidemic from that of three years ago. Then there were many cases and very few deaths; now with comparatively few cases, there are very many who die, either by the original violence of its onset, or of the throat complications, or of the nephritic or constitutional sequela. In the neighborhood of Paulsboro, diphtheria has been endemic, for a time, very fatally. During the colder months, in the place of the now distinctive affections of the air-passages, minor ailments have existed, of which it may be said, their name is legion. sual is the number of them, and so uniform and pronounced their symptoms, that the reporter believes them to constitute the essential expression of a distinct epidemic tendency. Few have escaped. Malaise, unaccountable depression of strength and spirits, rigors, aching over the whole body, particularly in the calves of one or both legs (oftener in the left), soreness of the flesh, and the aggravation of existing predisposed disorders. These are the leading characteristics of what the laity term "this cold that's going around."

Hudson County has been marked by an unusual amount of sickness, and has suffered by the prevalence of diphtheria to an unusual degree throughout the year—no section of the county has escaped. Elevated sites, surrounded apparently by the most favorable conditions, have been affected alike with the tenement house on the low grounds where the conditions to invite disease are present. Its extent is indicated by the fact that diphtheria and croup (most of the latter of which was diphtheria) was the accredited cause of death in 17; per cent. of all the deaths during the year in the county. Pneumonia, mostly of an asthenic type, was prevalent during the winter. Scarlet fever, mostly in a mild form, was unusually prevalent. Rubeola, of a very severe type in many instances, has been very common during the spring. Its marked feature was the unusual length of the prodromic stage. The various sequelæ of the disease were more frequent by observation than usual. Bronchial and intestinal catarrhs during the winter, and gastro-intestinal lesions during the last summer, were unusually prevalent.

HUNTERDON COUNTY has been healthy. There have been a few epidemics, but of a mild form. Those noted by the reporter are scarlet fever and diphtheria.

In MERCER COUNTY diphtheria was epidemic in Trenton in the autumn; at first very malignant, proving fatal in some families to the number of three or four. Its virulency soon disappeared, and upon the whole, the number of deaths among those affected was quite limited. Its contagious nature was quite manifest, as its diffusion through a limited district was traced to one or two centres. Bronchial catarrh has been wide-spread in the county, and quite severe in its manifestations. It was for the most part selfeliminating, requiring little treatment. Scarlet fever has been more frequent than usual in Trenton, mild in character, with few deaths. The disease was communicated to the Children's Home by one of the children wearing a garment, made up by a woman who had a child sick with the disease. The child was taken sick, and seventeen out of fifty-three children in the institution were brought under its power. In Hightstown, pertussis has been epidemic. Diphtheria was sporadic in form, but very fatal.

MIDDLESEX COUNTY has suffered by a scourge of Diphtheria. During the past five or six months there have been in New Brunswick over 250 deaths from the disease. The reporter estimates the mortality there to have been 20 per cent. The comparative rate in South Amboy is estimated at about the same. Pneumonia during the winter and spring; cholera infantum during the summer; rubeola, roseola, and scarlet fever during the fall and spring, and fever in various forms have occurred in their usual frequency. In Cranberry, bilious remittent fever, running into typhoid and typhus, occurred—50 of the cases within 300 yards of a slaughter

house, and nearly all fatal. In Dayton, miasmatic fevers of a mild type were very frequent.

In Monmouth County the general health has been good with one or two exceptions. Long Branch and its vicinity has been scourged by diphtheria of a most malignant type, attended by great mortality, leaving few families who do not mourn the loss of some little one, and, in some cases, it has counted all among its victims. In other parts of the county the disease has been sporadic and of a mild form.

Morris County is reported as experiencing an increase of disease. In addition to the ordinary contagious diseases of childhood, diphtheria was endemic in Rockaway, Boonton and Middle Valley. In the former place there were probably 150 cases, 12 per cent. proving fatal. In Middle Valley the percentage of mortality seems to have been materially affected by the methods of treatment, allusion to which will be made hereafter. In Boonton the mortality was about 20 per cent. Scarlet fever, generally of a mild form, has been quite generally observed. Roseola very general, but requiring little professional attention. Measles has been largely epidemic over the county. except a district within a circle with a radius of four miles, thickly populated, and having within its limits 15 practicing physicians. An interesting fact in connection with this immunity from the general epidemic is, that just here, in '71 and '72, an epidemic of Rubeola Nigra of a malignant type occurred, with fatality in very many cases. For the past year not a single case is known to have appeared in this district. Gastric disease was much observed during the past summer and autumn, and dysentery endemic in some

places. Cholera morbus is noted by the reporter as a common affection among the iron miners, sometimes proving fatal. A large proportion of the cases occur among foreigners of the laboring class. The reporter feels assured that change of climate is the predisposing, while the change of diet is the exciting cause.

In Passaic County our reports relate chiefly to Paterson, which has been visited by Scarlatina and Diphtheria. Of the latter there have been many cases and a large per centage of deaths. Scarlatina appeared with its usual variety of type, some cases being very malignant and others so mild as to require no medical treatment. These diseases, with influenza, are all which are noticed by the reporter.

Warren County has had an amount of sickness above the average of past years. The prominent diseases prevalent were dysentery, typhoid fever, diphtheria, measles and pneumonia. The dysentery was not of a fatal character—two or three deaths occurred from the accession of cerebro spinal symptoms, complicating the intestinal affection. Diphtheria was very prevalent at Oxford and in Washington. Measles has been wide spread, commencing in October and continuing to the present time.

[The report for SUSSEX COUNTY was received by the Committee too late for examination, and is appended to this report with other papers.]

A review of the medical history of the year exhibits, with a single exception, a diminished amount of disease throughout the State. The ordinary contagious forms in children have appeared as before, Measles being rather in the advance. Scarlet Fever has ap-

peared in less amount and with less serious manifestations than in former years. Fevers, Remittent and Intermittent, have not claimed the attention of physicians to any degree. Diphtheria has been the only prevalent affection, and it has been the scourge of the year. This general condition of the diseases of the year, has been associated with a meteorology somewhat unusual; the past summer being generally cool, and distinguished by numerous and severe rainfalls, and the winter open, with little rain or snow, the spring opening about twenty days earlier than usual.

In Therapeutics the reports afford many valuable suggestions, a few of which the Committee notice.

In the use of Quinine a growing disposition is manifest to employ it in very large doses. When cerebral excitement attends its use, Dr. Clendenin, of Bergen, employs a saturated watery solution of camphor as a vehicle which he says counteracts its effects upon the brain. Salicylic acid has not met the expectations of many physicians, while others have met with good results, used externally and as a gargle in throat affections. The Chlorine treatment in sore throats of Scarlet Fever and Diphtheria has impressed many practitioners with its great value. Large doses of Tr. Ferr. Chlo. Et. Potass. Chlor. administered every 10 or 15 minutes, "as a rule acts like magic." So says the reporter from Bergen.

In the Erysipelas reported in Cumberland County, a favorite local application of the Doctors was a mixture of Comp. Tr. of Cinchona, Quinia and Tr. of Iron, painted upon the surface when the eruption assumed a brown hue. Chlor. of Potash is recommended by Dr. Newell, of Cumberland, in larger doses than are usually prescribed. He believes that

its inefficiency is due to the limited quantity used, rather than to its lack of remedial value.

Dr. H. W. Coleman, of Trenton, emphasizes the use of *Monsel's Solu. of Iron* in diphtheritic sore throat, and says that it promises better success than any other remedy yet offered to the profession. This opinion is based upon an experience of eight years. His sentiments as to the mode of cure, and his method of applying the remedy, are given in full in his paper upon the subject herewith submitted.

Dr. Farrow, of Morris County, employed in an endemic of Diphtheria cold water and ice to the throat externally; Carbolized Lime Water inhalations; Chlor. of Potash when the patients could gargle, and in severer cases, a room filled with the vapor of water, the patient being made to breathe also from a pitcher containing Slacking Lime, strongly impregnated with Carbolic Acid; internally, Tr. of Iron and Chlo. of Potash with Quin. and Sulphite of Soda. With this treatment, in twenty unmistakeable cases, five or six involving the larynx and nares, not one proved fatal. With hot applications and drink and opposite treatment, a neighboring practitioner lost one out of three of his cases; per contra to Dr. Farrow's experience, Dr. J. W. Hunt, of Jersey City, having watched the disease both in its mild and aggravated forms, and under various plans of treatment in his own and others hands, does not believe that he has ever seen a case cured by any treatment, and is not satisfied that any treatment adopted has shortened the disease or caused the result to be more favorable, and yet his record of mortality is as favorable as any which has come under his notice.

In Surgical Appliances, Dr. Pierson, Jr., of Orange,

reports the employment of the Elastic Ligature in the removal of a malignant tumor between the left mammary gland and the clavicle in a lady aged 70. measured in its longest diameter five inches, in its shorter three; had been 4 years developing, and for 4 months in a state of ulceration with fetid discharge and an occasional profuse hemorrhage. The patient being etherized, a slight cut was made around the base of the tumor to form a groove for the ligature; a needle armed with a strong thread was passed behind the tumor at the centre, by which a double ligature was drawn through; the ends of the elastic cord were then tied on either side, thus strangulating the mass. ligature gave but little inconvenience, and the general condition of the patient began to improve at once. nine days the separation was so nearly complete that the remaining tissue was cut with the scissors, not a drop of blood escaping. Cicatrization was complete in a month, and the patient's health is as good as that of most persons of her age. It is now eleven months since the operation.

The Committee solicited replies from the Reporters upon the following subjects: "The value of Topical Applications in Malignant Sore Throat," and "In what degree Calomel is relied upon as a Therapeutic Agent."

In response to the first enquiry we notice the sentiments of the profession as furnished by the reports. Dr. Hasbrouck, of Bergen, regarding the sore throats of Diphtheria and Scarlet Fever as the concomitants of a constitutional condition, has abandoned the severer applications by means of sponges, probangs and the solid Nit. of Silver, and now relies upon remedies directed to the constitutional affections. He recog-

nizes, however, the value of the direct local action of Chlorine in its combinations with Chlorate of Potash and Tr. of Iron, and the disinfecting power of Carbolic Acid and other remedies of its class. Dr. Currie, of the same county, in addition to internal remedies, finds Chlorinated or Carbolized Injections into the nostrils to be attended with the happiest effects in Diphtheria. If, thereby, the posterior nares are kept free from the fetid collection which exists, the patient will rest better, from the simple fact that the breathing will be less obstructed and less of the poison will pass into the stomach to be absorbed and distributed throughout the system.

Dr. Brown, of Burlington County, says that topical remedies are very useful, but not to be exclusively relied upon.

Dr. Stokes says, "I have learned to rely upon topical remedies as valuable aids in the treatment of sore throats."

Dr. Thornton has very little faith in such appliances.

Dr. Townsend relies entirely upon local and topical remedies in all forms of ulcerated sore throat, together with cold externally applied.

The physicians of Bordentown find topical applications of value in malignant sore throats, and almost indispensable as disinfectants, as promoting cleanliness of the parts, and as preventive of injury to adjacent parts by the morbid discharge.

Dr. Elwell considers them of undoubted value if of a mild, soothing and gently astringent nature. These means keep in check the disease and gain time for the effect of constitutional remedies.

Dr. Price hardly dares to treat a case of Diphtheria without local applications. He formerly used strong

solutions of N. of Silver, and is not now convinced that he has found anything better. He now uses the solution somewhat weaker; also Tr. of Iron combined with honey or syrup.

The Reporter for Cumberland regards them as important, yet subordinate; when violently applied they only do harm. A proper choice from the long array of appliances are serviceable.

In Essex County, Dr. Pierson inclines to the opinion that such remedies are of value as cleansing agents only. Hot water and hot vapor are of the most value.

Dr. Holden is convinced that any malignant disease of the air passages, not directly the result of local inoculation, is to be reached by constitutional remedies, and that local treatment is but the adjuvant to remove effete and offending matter.

Dr. Love condemns all attempts to remove the infectious element from the mucous membrane by severe measures, such as caustics, &c., and believes that the use of antiseptics and disinfecting solutions by the syringe or atomizer may be useful in destroying infection and preventing general poisoning.

The Reporter of Gloucester County says the general sentiment upon topical applications is, that if the malignancy displays itself mainly in the throat, they are of undoubted value; if the malignancy is constitutional, they become of secondary importance.

In Hudson County, Dr. Vondy finds most benefit from Chlor. of Potash and Tr. of Iron, and believes that their influence for good, used topically, is considerable.

Dr. Burdett considers them only valuable as adjuncts.

Dr. Mitchell considers caustic and irritating appli-

cations as hurtful; has no faith in steam or ice. He obtains an antiseptic and anodyne effect from the use of a three or five per cent. solution of Carbolic Acid applied every hour.

Dr. Lutkins has no confidence whatever in any local applications.

Dr. Morris uses none other than the Sol. of Chlor. of Potash combined with Tr. of Iron.

Dr. Forman uses internal remedies so frequently as to make application almost continuously to the throat; also Carbolic Acid and Lime Water by gargle or spray, and considers them of value when the membrane is in a nascent condition, and of no use whatever in bad cases.

Without prolonging the extracts from the reports, those already given are sufficient for our conclusion that topical appliances in malignant sore throat, which, in nearly all the observations recorded, means Diphtheria, are—

1st. Not curative, except it may be in the formative stage of the disease.

2d. They cannot with propriety be wholly ignored. They become valuable aids to successful treatment, as disinfecting, soothing and cleansing agents.

3d. The irritating and more heroic applications of a few years since, are generally abandoned as hurtful.

4th. The main reliance for cure must be placed upon remedies addressed to the morbid constitutional condition.

The second subject of enquiry suggested by the Committee is the therapeutic value of Calomel, and to what degree it is at present relied upon as a remedial agent.

When the writer of this report was a medical stu-

dent, one of the recognized standard works on the practice of medicine, though at that time beginning to be superseded by later works, was Armstrong's Lectures. His remarks upon agents in treatment was, that the Lancet was the right arm of medicine and Calomel the left, and the general practice of physicians seemed to be an admission of its truth. But tempora mutanter et nos mutamur in illis. Calomel became an unpopular remedy, and has been largely superseded by others. Its power as a drug is universally recognized, and its abuse, in the days of its popularity. equally so. It seemed to the Committee that it would be profitable to know its present status in the armamentaria of the profession. Hence our enquiry.

In Bergen County the reporter says that for many years he has ceased to rely upon the drug in inflammations, acute or chronic, and has ceased to use it only in exceptional cases. In one disease he always uses it, that is Iritis—nothing can supply its place, whether the inflammation be acute or chronic, of syphilitic origin or not. Its effects are so uniformly prompt and certain that he would as soon think of treating intermittents without barks as Iritis without Calomel. is the only disease in which he relies upon the drug as a therapeutic agent. He uses it, however, in cholera infantum in combination with Bismuth and other agents. As a purgative, he most frequently uses it, and as such, in some cases, particularly in children, its effects are truly admirable. A good Calomel purge will at once and permanently relieve those cases occurring in children with fever, torpid bowels, a foul and slimy tongue, loss of appetite and offensive breath.

In Burlington County, Dr. Clark quotes the language of Dr. Headland:—"It is the prince of that class of

remedies, unfortunately too few, that we are capable of entering the system, of grappling with disease of the blood and coming off victorious in the struggle." He is accustomed to use it in all those morbid conditions requiring an efficient hepatic stimulant; in verminous affections of children, and in cholera infantum, in combination with other agents, it allays obstinate vomiting when nothing else is effectual.

Dr. Paterson relies upon the drug to control cynanche trachealis.

The physicians of Bordentown use it in inflammations of the serous membranes, to prevent the formation of lymph, and to promote absorption when it is formed. In inflammations of the mucous membrane, when adventitious membranes are, or are likely to be formed; in most cases of dropsy; in primary syphilis, and in abnormal secretions of the liver.

Dr. Elwell relies upon it in pneumonia, catarrhal fever, pleurisy, some diseases of the eye, syphilis, the acute stage of gonorrhœa, and in some diseases of the brain, spinal cord and their investing membranes.

Dr. Townsend uses it in all cases of portal congestion or irregularity of the liver, generally combined with blue mass and podophyllin or aloes; seldom uncombined, and does not rely upon it any further than its action upon the liver.

Dr. Thornton relies upon it in some infantile cases as a febrifuge; in oft repeated and minute doses in acute gastritis; in erysipelas; in dropsies, to increase the power of diuretics; in some functional affections of the liver; sometimes in inflammations of the serous tissues, and very often in the beginning of some diseases combined with purgatives.

Dr. Brown believes it to be a valuable remedy in

combination, in some brain diseases and affections of the liver when an active purge is required, and in heart affections consequent upon rheumatism.

The reporter from Cumberland remarks that we cannot practice without Calomel in the hepatic disorders accompanying our summer and autumnal diseases.

In Essex County, Dr. Pierson says "there are no morbid conditions in which I rely upon Calomel as a therapeutic agent."

Dr. Holden has not had occasion to use it or prescribe it but twice in ten years. He believes its value to be unquestioned, but that it is easy to succeed with other and less unpopular remedies.

Dr. Love relies upon it in iritis and inflammations of the deeper parts of the eye; in syphilis, primary, secondary and congenital; in infantile diarrhœa, cholera and indigestion; to increase biltary secretions; to allay some forms of vomiting; in some skin diseases; and, finally, whenever he wishes to alter nutrition by affecting the blood-making organs.

Dr. Kipp uses it as a topical application in phlyctenular conjunctivitis; in all forms of syphilitic eye affections, though he prefers inunctions. He places more reliance upon the mercurials in syphilitic eye diseases than upon any other remedy.

In Gloucester County, every extreme of opinion is held upon the general and special utility of mercury. One extreme is illustrated by the use of the terms—"It is the Alpha and Omega;" "It is my Right Bower," &c.

The other extreme is that held by the reporter, who believes that the essential action of mercury is a destructive one, and that it is a dangerous medicine in the hands of ignorance. He has furnished a valuable paper upon this subject, which is appended to this report.

In Hudson County, Dr. Lutkins believes it to be a medicine of great value in all acute serous inflammations.

Dr. Vondy considers it of great value in membranous croup. He also uses it as a purgative in certain cases.

Dr. Morris uses it as a cathartic, and in bronchial catarrh, combined with ipecac and chalk; in children under 4 years of age, attended with much vascular congestion.

Dr. Hunt employs it as a cathartic, and believes it to be one of the best remedies known to the profession.

Dr. Craig uses it in serous inflammations, and in a full dose as a commencing step in the treatment of many complaints when the tongue is furred, with lassitude, headache, loss of appetite, nausea, &c.

In Morris County, about one-third of the physicians use the drug as a cathartic. The only condition in which any rely upon it is in certain stages of syphilis, engorgement and torpidity of the liver, and topically, in abrasions of the cornea. A large proportion of the physicians of the County seldom use it for any purpose, and a few never administer it.

In Passaic County, Dr. Rogers places a high value upon its use in the second stage of croup, and in some cases of pneumonia. He would hardly undertake to treat any decided case of croup if he were debarred from the use of this potent remedy. In pneumonia his judgment is, that it forms a very essential part of the necessary treatment, and the most diligent use of all the more modern remedies in many cases will not supply its place.

In Warren County, the reporter says Calomel seems very necessary in croup; in acute vomiting or in gastric spasm, and in the acute stages of dysentery.

A valuable paper on mercury is submitted with this report by Dr. Currie, of Bergen County, on the action of mercury, possessing much originality and scientific Some of its conclusions are as follows:-That it should be used only so far as to stimulate the nutritions changes of the tissues and the character of the constituents of the blood, and that it should be used as a whip and spur only, that is, occasionally and at intervals, and not continuously. Again: that there is no question as to its power over the products of inflammation, in starting the process of resolution and absorption, when these have been arrested; and, further, that no number of cases improperly treated with mercury, no number of constitutions shattered by its abuses, no number of instances where cases have been cured without it, can in any way invalidate the results of its effects when it has cured, where other remedies have failed, or lessen, in any measure, the position which he defends, of a judicious use of the medicine.

The sentiments now quoted warrant, as the Committee believe, the inference—

- 1st. That the very general opinion of our medical men is, that Calomel is a valuable therapeutic agent.
- 2d. That in many morbid conditions it is relied upon as the best.
- 3d. That as a cathartic in certain cases, as an alterative in others, and as an anti-fibrinator, it is almost indispensable.

And the lesson which the discussion of the whole subject furnishes is, that a valuable drug should not be abandoned, and "its name cast out as evil" because it is unpopular.

The length of our report forbids a notice of the many cases of interest which are in the hands of the Committee and which are submitted for publication.

We note the names of fourteen physicians who, since our last meeting, have been called away by death:

Dr. Orson Barnes, of Paterson, died in July, 1875.

Dr. John Grimes, of Boonton, died September 12th, 1875, aged 73 years.

Dr. John G. Schanck, of Princeton, died September 27th, 1875, aged 25 years.

Dr. Chas. F. Clark, of Camden, died October 16th, 1875, aged 75 years.

Dr. Chas. Dunham, of New Brunswick, died December 19th, 1875, aged 45 years.

Dr. Benj. H. Stratton, one of the Fellows of the Society, who was at our last annual meeting, and who was always present at our annual gatherings, died December 29th, 1875, aged 71 years.

Dr. Z. W. Scrivens died at Long Branch, February 11th, 1876, aged 49 years.

Dr. Thos. Page died at Tuckerton, February 18th, 1876, aged 77 years.

Dr. James Vanderpool, of Newark, died in Japan, January 14th, 1876.

Dr. E. W. Maines, of Sussex County, died March 14th, 1876, aged 45 years.

Dr. Addison W. Woodhull, of Newark, died May 14th, 1876, aged 45 years.

Dr. Jacob Fisler, of Gloucester County.

Dr. Jno. Leavitt, of Baptistown, Hunterdon County, died April 4th, 1876.

Dr. Chas. S. Champion, of Vincentown, died May 16th, 1876, aged 34 years.

Obituaries of the most of these are in the hands of the Committee, as also of Dr. Cornelison and Dr. Jobs, who died, the former in Jersey City, and the latter in Springfield, a few days before our last meeting.

> STEPHEN WICKES, SAMUEL C. THORNTON, THOMAS RYERSON,

> > Committee,

APPENDIX

REPORT OF STANDING COMMITTEE.

In Memoriam.

CHARLES S. CHAMPION, M. D., Born Dec. 17, 1842. Died May 16, 1876.

ADDISON W. WOODHULL, M. D. Died May 14, 1876. Aged 45 years.

ZEBULON W. SCRIVENS, M. D., Born Sept. 1, 1826. Died Feb. 11, 1876.

CHARLES MILTON LEE, M. D., Born Dec. 9, 1842. Died June 11, 1875.

NELSON D. W. T. STRYKER, M. D., Born Sept. 11, 1802. Died Oct. 20, 1875.

> JOHN LEAVITT, M. D., Died April 4, 1876, in his 57th year.

GEO. R. ROBBINS, M. D., Born Sept. 24, 1808. Died Feb. 22, 1875.

In Memoriam.

CHARLES DUNHAM, M. D., Born Feb. 7, 1830. Died Dec. 9, 1875.

THOMAS PAGE, M. D., Born June 8, 1798. Died Feb. 18, 1876.

ORSON BARNES, M. D., Born A. D., 1830. Died July 23, 1875.

SAM'L CAREY THORNTON, M. D., Born A. D., 1791. Died Mar. 19, 1858.

DR. JOHN GRIMES, Born A. D., 1802. Died Sept. 12, 1875.

JAMES VANDERPOOL, M. D., Born Nov. 4, 1841. Died January 14, 1876.

BENJ. HARRIS STRATTON, M. D., Born Feb. 6, 1804. Died Dec. 31, 1875.

OBITUARIES.

CHARLES S. CHAMPION, M. D.

BY WM. H. IZZARD, M. D.

CHARLES S. CHAMPION, M. D., the son of William C. Champion, was born December 17, 1842, near Haddonfield, New Jersey; received his medical education at the University of Pennsylvania; graduated March, 1865; served as surgeon in the army until the close of the war; settled in Woodstown, N. J.; there married Miss Rachel C. Jones, daughter of Thomas Jones; afterward moved to Daretown, N. J. Eight months since (owing to the breaking down of his health) gave up practice, and removed to his father's house, Vincentown, N. J., where he died on the 16th of May, 1876.

He was highly respected as a man and a physician, and died in the firm belief of salvation through the atonement of Jesus Christ.

ADDISON W. WOODHULL, M. D.

FROM "NEWARK DAILY ADVERTISER."

DR. WOODHULL was a native of Monmouth County, son of Dr. John Woodhull, and brother of Judge Woodhull. He was born in 1831, graduated at Princeton in 1854, studied medicine, was Penitentiary Physician on Blackwell's Island in 1856, and came to Newark in 1857. In 1861 he left a young wife and a fine practice and became Assistant Surgeon of the Ninth New Jersey Regiment, and afterward became Surgeon and Chief of Hospital at Beaufort, N. C., during Burnside's campaign, and subsequently with Rosecrans, and afterward with Sherman during the latter part of his grand march to the sea. Since his return he has held various positions of honor and trust, having been physician of the County Jail for several years, President of the New-

ark Medical Association, of the Essex County Medical Society, one of the first physicians of St. Michael's Hospital, a member of the Board of Examiners for pensions, and, at the time of his death, a medical examiner for the Mutual Benefit Life Insurance Company. He was a prominent member and ruling elder of the South Park Presbyterian Church, and a teacher in the Sunday School, which has appointed a joint committee, consisting of F. Wolcott Jackson, David C. Dodd, Jr., and E. L. Hamilton, on the part of the Parish School, and Archibald Parkhurst, Thomas Darlington and John Y. Foster, on the part of the Mission School, to prepare some suitable memorial of the deceased. The teachers of the two schools attended the funeral in a body. In social as well as professional life he had the confidence and esteem of every one. Of high literary attainments, he was a lover of the arts, and was very skillful in his profession. In his religious life he was known by his daily walk and conversation, and was faithful to every trust. The community at large will sympathize with the bereaved family and lament the loss also as a serious one to the church, the profession and society. He leaves a wife and four children.

EUGENE JOBS, M. D.

BY E. T. WHITTINGHAM, M. D.

EUGENE JOBS was born February 28d, 1821, at Liberty Corner, Somerset County, New Jersey; was the son of the late Nicholas C. and Margaret C. Jobs. He began life, after a common country school education, by teaching for a time, and also served as an assistant to his father in his store at Liberty Corner.

He studied medicine with Dr. Smith English, at Manalapan, Monmouth County, graduated from the medical department of the University of Pennsylvania, April 4th, 1844, and was licensed to practice in this State, at Elizabeth, by the Board of Censors of the Medical Society of New Jersey, for the Eastern District, September 11th, 1844. A copy of this license was filed with Dumont Frelinghuysen, Somerset County Clerk, October 11th, 1844, and with John P. Jackson, Essex County Clerk, July 14th, 1846. Dr. Jobs began the pursuit of his profession in Springfield, Union County, in the spring of 1845, where he continued uninterruptedly until the period of his death. He married October 28th, 1846, Mary L., oldest daughter of Thomas C. Allen,

of Connecticut Farms, Union County. She died September 12th, 1863, leaving two sons and two daughters. He joined the Presbyterian Church in Springfield, in the year 1848, and remained thenceforth a consistent member. His life was suddenly brought to a close by an attack of apoplexy, May 22d, 1875, in the fifty-fifth year of his age. He was buried in Evergreen Cemetery, Elizabeth.

Patient, industrious, ambitious, his incessant toil, his great exposure, his many hardships at last terminated by the utter ruin of an overtaxed brain. Such was the life and such the end of one who practiced the art of medicine for the space of a whole generation, and whose life might be taken as a model of the humble follower of the Good Physician, for surely he was continually "going about doing good." His practice was large, though not a very remunerative one, extending through several townships. His poor patients received his attention, as well as his wealthy ones.

At his funeral, the large number of sincere mourners from the country round, spoke volumes for his worth and the public loss. In all the relations of life, as father, son, brother, husband, physician, friend, his character was the same. The thorough performance of all his duties, without ostentation and without complaint; his long experience had justly built him up a local reputation as a skillful physician, ready for any and all the contingencies a country doctor is called on to meet—rendered *local* only by his own unassuming modesty and retiring disposition. It will be many years before his memory will wane in his neighborhood, or grow dim among his friends and brethren—and fragrant and good it is.

ZEBULON W. SCRIVENS, M. D.

BY S. H. HUNT, M. D.

Dn. Zebulon W. Scrivens was born in Petersburg, N. Y., September 1st, 1826, and died February 11th, 1876, at Long Branch, N. J., from pneumonia, complicated with other diseases. His busy life did not permit him to identify himself with our District Medical Society, though he expressed his desire and willingness to do so at the first opportunity. Being more than an ordinary man, and occupying a large place in the hearts of his professional brethren, as well as in the community where he lived, labored and died, I have

thought well to pay this tribute to his memory, for the love I bore him.

From his early childhood he was a hard student and a literary aspirant, possessing a retentive mind that never grew weary in its pursuit after knowledge. In 1849 he graduated with honor from the Literary University at Madison, N. Y. He afterward read medicine with Dr. A. H. Hull, of Berlin, and graduated at the Albany Medical College in 1852. He practiced his profession one year at Petersburg, one year at Eagle Mills, N. Y., when in 1854 he succeeded Dr. Jacob Vanderveer, at Long Branch, in a laborious and increasing practice, extending over a section of country four miles wide and sixteen miles long. But his reputation was not thus limited, called, as he often was, miles away to hold consultations with neighboring physicians in critical cases. He was a man of large perceptions and excellent judgment; devoted to his profession, sacrificing everything else to its pursuit, even his life. He was a large, stalwart man, possessing great bodily vigor and vitality, but even that could not withstand his untiring devotion. He excelled in surgery, and was remarkable successful in his operations—as well as a careful and watchful practitioner. He was not only respected but beloved by all who knew him. Artless as a child, sympathetic as a woman, charitable as a philanthropist, it could not be otherwise but that he would be loved. We have never lost from the medical ranks here one who excelled his intellectual acumen, sound judgment and medical skill; and this, I believe, is the testimony of all who knew him, both in and out of the profession. Zebulon W. Scrivens is dead, but his memory, like a golden sunset, will linger long.

CHARLES MILTON LEE, M. D.

BY JOHN BLANE, M. D.

CHARLES MILTON LEE died at his residence, in Ringoes, Hunterdon County, 11th June, 1875, in the 83d year of his age, being born 9th December, 1842. He was the son of Francis R. Lee, of Baptistown, Hunterdon County, and grandson of William Lee, who was for many years a very efficient teacher of schools in that part of the country. He commenced the study of the profession in the office of Dr. John Leavitt, of Baptistown, Hunterdon County, N. J., in 1861, and in

1863 moved to Ringoes and entered the office of Dr. C. W. Larison. He attended medical lectures at Geneva, N. Y., and Bellevue Medical College, and graduated at Geneva.

He commenced practice as the successor of Dr. Henry B. Nightingale, Rosemont, Hunterdon County, where he was much respected and had a good practice, but becoming infatuated by the extravagant reports then current, of the opportunity for success in the South, he purchased a tract of land near Princess Ann, in Somerset County, Maryland, to which he removed. The adventure proved unsuccessful, and in the spring of 1870 he returned to his native place and taught school until March, 1873, when he entered into partnership with Dr. C. W. Larison, his former preceptor, where he continued doing a large business until within a short time of his death, which was caused by over-exertion in his practice. He was much lamented by his patients and all who knew him. He married Miss Carrie Waldron, of Kingston, Ulster County, N. Y., 27th October, 1874; from this union has issued a son, bearing his father's name, born since his death, 11th August, 1875.

Dr. Lee was an active, energetic and consistent member of the Baptist church, untiring in his efforts and zeal for its success. He was a member of good standing in the District Medical Society of Hunterdon County.

NELSON D. W. T. STRYKER, M. D.

BY JOHN BLANE, M. D.

NELSON D. W. T. STRYKER died at his residence, Monmouth Junction, Middlesex County, 20th October, 1875, in the 74th year of his age, being born 11th September, 1802. He was the son of John Stryker, Jun., and grandson of John Stryker, Sen., of Revolutionary memory, who brought him up, as both his parents died when he was quite young.

His grandparents both died rather before he was fully grown up, when he spent some time in a printing office, but not liking it, he engaged in the mercantile business, and for some time in partnership with his only brother John, kept store at Six Mile Run.

He then commenced the study of medicine with Dr. Ferdinand S. Schenck, of Six Mile Run, attended medical lectures in Rutgers Med-

ical College, in New York, and graduated there. Located at what was then called Long Bridge, now Monmouth Junction, and commenced the practice of the profession, where he resided until his death, attending until within a few years to an extensive practice, beloved by his patients, and respected by all who knew him; a conscientious and careful practitioner, until his health failing, he was unfitted by partial local paralysis ending in anasarca and death. His end was peaceful.

He was a consistent Christian, a member of the Reformed church. He married Miss — Williamson, daughter of Mr. George Williamson, of Three Mile Run, who dying, he married Miss — Pumyea, cousin to his first wife, and daughter of Mr. John Pumyea, of Three Mile Run; she did not live long, and neither of them left any living children. He then married Miss — Stout, daughter of Mr. John Stout, of that vicinity, who survives him, as does a son, Nelson D. W. T. Stryker.

JOHN LEAVITT, M. D.

BY JOHN BLANE, M. D.

JOHN LEAVITT died at his residence, in Baptistown, 4th April, 1876, in the 57th year of his age. He was a native of New Hampshire, came to New Hampton and taught school there, and read with Dr. R. M. McLonahan, of that place; after graduating in New York, he practiced in Asbury, Warren County, from 1846 to 1847, after which he removed to Ohio, where he practiced a short time, when he returned to New Jersey and located in Finesville, Warren County, where he remained until 1854; removing from thence to Baptistown, Hunterdon County, where he remained until his decease, doing a large amount of business. He married Miss - Smith, daughter of Mr. James Smith, who with two children, a daughter and a son, survive him. He was, since living in Hunterdon County, a member of the District Medical Society for that County. In 1860 he was President of that Society, and likewise one of the Board of Censors for the same. He was conservative in practice, very careful and bordering on the expectant plan of treatment; unobtrusive in his manners, beloved and revered by his patients, and the community in which he lived; esteemed and respected by his professional brethren, and the most so by those who were best acquainted with him. He was a consistent member of the Presbyterian Church.

GEORGE R. ROBBINS, M. D.

BY J. L. BODINE, M. D.

DR. GEORGE R. ROBBINS was born in Monmouth County, September 24th, 1808. He studied medicine under the direction of Dr. John McKelway, of Trenton, and graduated from the Jefferson Medical College, in Philadelphia. He practiced his profession in the village of Fallsington, Bucks County, Pa., for one year, and removed to Hamilton Square in the spring of 1837. There he lived and practiced medicine for nearly thirty-eight years. He died February 22d, 1875. Upon the organization of the Mercer County District Medical Society, in 1848, Dr. Robbins was elected Treasurer of the Society. Dr. Robbins had a large and widely extended practice, and by his kindness and attention he secured the confidence and affection of his patients. He was elected to the House of Representatives of the Congress of the United States, in 1854, from the Second District of New Jersey, and re-elected in 1858. Dr. Robbins was an esteemed physician and a useful citizen.

JOHN MESIER CORNELISON, M. D.

JOHN MESIER CORNELISON, M. D., was born April 29, 1802, in the old town of Bergen, in the present locality of the public square. Rev. John Cornelison, his father, was pastor of the old Dutch Reformed Church in Bergen for thirty-five years. Young John's early education was obtained in the old Columbia Academy, the first of its kind erected in Bergen County, if not in the State, and was so named in honor of Columbia College, New York, and intended as a preparatory school for the institution across the Hudson.

He graduated at Union College, in 1822; in the same year entered the office of Dr. V. Mott, and received his degree of M. D. in 1825, at the College of Physicians and Surgeons. He entered upon practice in the same year at Bergen. His circuit of practice was large; from Bergen Point to Bull's Ferry, including Hoboken and Paulus Hook, he went each day, there being but two fellow-laborers besides himself in all that distance. Three horses were used, and were most generally tired out ere the day's work was over. From 1825 to 1840, he thus continued, when he moved to Jersey City proper, and practiced here

down to 1862, when he ceased active medical practice. In 1832 he was elected to the State Legislature.

In 1851 Governor Fort appointed him one of the six Lay Judges of the Court of Errors, to fill the four years unexpired term of Hon. Garret Wall. This position was held sixteen years, the two terms, six years each, and the four years unexpired term of his predecessor. Among the many cases before the court, sitting three times each year, we notice only one—the Harmon-Thom case, involving seven millions of dollars, contested by the O'Connors and Woods of New York, and the Vrooms, Draytons and Williamsons of New Jersey. Mr. Thom finally gained his case, against the vote and opinion of Dr. Cornelison. A Democratic Governor had appointed the Doctor, and when his first term expired, a Whig Governor (Olden) re-appointed him, with the remark, "He has done well, and there is no necessity to change him."

In 1861 the North was startled with the outbreak of the late Rebellion, when Dr. Cornelison felt it was his imperative duty, with other gentlemen of the Democratic party, to aid the Government in its suppression. He at once took his stand, and made a stirring address in support of the war measures of the general Government, in Masonic Hall, to a crowded audience. And all through the war, Abraham Lincoln had no stauncher supporter than Dr. Cornelison; no one who, by every means in his power, strove to uphold the honor and integrity of the nation. Since then he has remained in the Republican party, though often differing with some of his friends on certain measures.

In 1869 the Doctor retired from the bench of Judges, and was elected Mayor of the city of Bergen. This position he refused when one of the Judges, but now, free from that impediment, he accepted the nomination, and was triumphantly elected. Dr. Cornelison's father preached Robert Fulton's funeral oration in old Paulus Hook.

In 1873 he was appointed Chancellor by the Legislature, a member of the Board of Works, and made its chairman by the Board.

In 1874, by unanimous request and nomination, he stood as a candidate of the Republican party for Mayor of the city. He quietly said, "I don't want the office, but if the party and people want me, they alone must elect me, for I shall remain inactive in the matter." He was defeated by the present incumbent of the office of Mayor, Hon. Henry Traphagen.

Dr. Cornelison was at the time of his death President of the Board of Regents of the Hudson County Hospital.

In 1867 he united with St. Paul's Episcopal Church, of which he was a consistent member.

In his seventy-fourth year, living in a fine mansion on the hill (Bergen), with all the comforts of life, a good library, the respect of troops of friends, no revenges to cherish, and with charity for all, Dr. Cornelison had reached a healthy old age, and the close of his life was calm and peaceful. He died May 24, 1875.

CHARLES DUNHAM, M. D.

BY JOHN BLANE, M. D.

CHARLES DUNHAM died in New Brunswick, N. J., 9th December, 1875, in the 46th year of his age, being born in the same place, 7th February, 1830. He belonged to and was descended from rather a literary family. He was the son of Charles Dunham, who was a lawyer by profession, and grandson of Jacob Dunham, M. D., who practiced his profession thirty years or more in New Brunswick; great grandson of Azariah Dunham, of Revolutionary fame, who was also a resident of New Brunswick; and he (Azariah) son of Reverend Jonathan Dunham, and grandson of Reverend Samuel Dunham, of the Piscataway (Stelton) church. His mother, the wife of Charles Dunham, sen., was a native of Savannah, Georgia; her maiden name was Elizabeth Morrell. The Doctor received his preliminary education partly at the grammar school in New Brunswick, but more particularly under the instructions of his father, who was a gentleman of much more than ordinary attainments, and who possessed unusual abilities for imparting knowledge; preparatory to commencing the study of medicine, he spent some time in the drug store of C. D. Deshler, for the purpose of getting a practical knowledge of compounding medicines, and preparing prescriptions, and during the latter part of that period commenced the study of medicine under the instructions of A. D. Newell, M. D., and completed his studies in the office of ex-governor Wm. A. Newell, at Allentown, N. J., and was graduated Doctor of Medicine by the University of Pennsylvania in 1850.

He commenced the practice of his profession in Bordentown, N. J., remaining there but a little more than a year, when at the earnest solicitation of his father he returned to his native city, where he

remained until his death. He married, 8th October, 1861, Miss Elizabeth Hunt, daughter of Lewis Hunt, Esq., of New Brunswick, who survives him, and also leaves a daughter of about ten years of age.

Being of a naturally retiring disposition, he would never permit his name to be used in connection with any political office; consenting in only one instance, to serve as one of the board of trustees of the public schools, which position he held acceptably for several years.

THOMAS PAGE, M. D.

BY R. H. PAGE, M. D.

Dr. Thomas Page, son of Dr. William Page, was born at Cross Roads, Burlington County, New Jersey, June 8th, 1798.

After having received a liberal education, he studied Medicine with Dr. Joseph Parrish, of Philadelphia, and graduated at the University of Pennsylvania, in the spring of 1821.

Soon after graduating, he entered into partnership with his father, in a large and extended practice over a populous district of country, that taxed the powers of endurance of both father and son to the utmost. The partnership continued about twelve years, when it was dissolved, owing to the failing health of the son, who removed to Tuckerton in the same county, and engaged in mercantile pursuits in connection with the limited practice of his profession. He continued the practice several years, but finally abandoned its active duties and only followed it as consulting physician for that section of country.

A few years before the rebellion, he had successfully engaged in the milling and lumber business in Virginia. After the commencement of the war he passed through many vicissitudes and dangers, but finally succeeded in disposing of his moveable property for a mere pittance, and entirely abandoning his real estate, he started for his home in New Jersey, thus losing the accumulations of years at one fell stroke. He was unexpectedly detained several weeks at Norfolk, as parol prisoner, during which time his family heard nothing from him; at last, through the influence of some southern gentlemen who had formed for him a warm friendship while in their midst, by reason of his upright business habits and gentlemanly, genial manners, he was

granted a permit to pass the lines, and soon gladdened his family and friends by his return to his home.

He afterward engaged in the drug business at Tuckerton, which he continued until his death. He died February 18th, 1876, aged 77 years.

It is not meet that I should be his eulogist, yet thus much I may be allowed to say. He ever maintained a high character for integrity as a business man, and was esteemed a safe counsellor and adviser by his neighbours. He served one term in the State Legislature, at a time when the mental and moral standard of that body was much higher than it now is. He was a courteous, genial gentleman, and retained a youthfulness of feeling that ever caused him to sympathize with, and join in the innocent pleasures of the young and joyous. He was universally respected and esteemed as citizen, neighbor and friend, as was most feelingly evinced by the large concourse of friends and neighbors that paid a heartfelt tribute of respect at his grave.

He was twice married, and leaves two sons by his first, and two daughters by his last marriage. By his family he was loved and revered, not only on account of filial ties, but equally for his domestic virtues, which are the great adornment of the true Christian gentleman.

He was a successful physician, being a careful diagnostician and prompt and energetic in the treatment of disease. Commencing practice when patients had to be drenched with hot villainous teas, and cooling drinks and ice were religiously taboed, he soon saw the error of such treatment, and against the prejudices of patients, nurses and doctors, dared to act up to the convictions of his judgment, and soon had the satisfaction of reaping a rich harvest of reward; not only in the relief of disease, but in the growing confidence and attachment of the community that he faithfully served, which he ever retained, not only by his skill and courage as a physician, but by his gentle and sympathetic manners, making common cause with his patients and their friends in their afflictions.

Although he never allied himself with the District and State Medical Societies, owing to his early abandonment of the active duties of the profession, he ever retained an earnest love for the profession of his choice, and, by reading, kept even pace with its advancement.

ORSON BARNES, M. D.

BY J. R. LEAL, M. D.

Orson Barnes was born in 1830, in Baldwinsville, Onondaga County, N. Y., where he received his early education under Prof. Stilwell, who kept a private school for boys; afterwards completing a course of study at the Syracuse Academy.

He commenced the study of medicine in 1848, with Dr. J. V. Kendall, and afterwards was the pupil of Dr. D. T. Jones, a physician of celebrity in western New York. He attended three full courses of lectures, and graduated at the Albany Medical College in the year 1854. After graduating he made an extensive tour through the Western States, but finally returned and settled at Succa Falls, in his native State. After about two years, he was induced to remove to Athens, Penn., where he built up a large practice.

In September, 1861, he married the daughter of Mr. Charles Danforth, of Paterson, N. J., and about two years later, after the death of Mrs. Barnes' brother, Capt. Charles Danforth, removed to Paterson, where he soon became engaged in active practice, which, before his death, became large and lucrative.

He was thoroughly devoted to his profession and to the interests of his patients. His characteristics as a practitioner were rapid analysis, ready judgment and prompt and decided action. Courageous and hopeful himself, his firm tread and self-reliant air inspired hope, when despair was rapidly settling down upon the mind of his patient, while his ready sympathy incited the warmest attachments between himself and his patients. He was a man of fine natural abilities, of commanding presence, pleasing address, a good conversationalist, and at home in any society. He was frank and generous with his friends, and devotedly attached to his relatives.

Dr. Barnes was by nature a politician. While never seeking political preferment, he was deeply interested in every contest, national state and municipal, and had he devoted himself to this profession, possessed all the traits necessary to have made him famous as a leader.

His last illness was tedious and severe, and attended with extreme suffering, which he bore with remarkable fortitude. Early in December, 1874, he was prostrated by an attack of pneumonia, from which he made a good recovery, but too early exposed in the practice of his profession, brought on a severe attack of acute rheumatism, which

resulted in disease of the heart and general dropsy, which terminated his life, July 23d, 1875.

The esteem in which he was held by the community, was evinced by the beautiful floral offerings, and the large concourse of citizens assembled to pay the last tribute of respect and affection to his remains.

The following is from the records of Passaic County Medical Society:

At a special meeting of Passaic County Medical Society, held on July 24th, 1875, at the residence of Dr. Leal, to express the sentiments of the Society, in regard to the death of Dr. Barnes; O. Warner, M. D., President, James C. Amiraux, M. D., Secretary—

Resolved, That the death of our professional friend and brother, Dr. Orson Barnes, fills our breasts with deep sorrow. His removal from so large a circle of admiring friends and trusting patients in the midst of his years, makes us feel the uncertainty of life and the instability of all earthly prosperity.

We tender to his bereaved family our sincere sympathy, and will, as a Society, in a body accompany them at the last rites of respect and affection to be paid to his remains.

Resolved. That the proceedings of this meeting be published in the city papers, and a copy of the above resolutions be forwarded to his family.

SAMUEL CARY THORNTON, M. D.

BY SAMUEL C. THORNTON, M. D.

SAMUEL CARY THORNTON, M. D., son of Joseph and Mary Thornton, of Buckingham, Buck's County, Pennsylvania. In this place he was born, A. D. 1791, and lived there until he attained his majority. Was educated at the Doylestown Academy. Studied Medicine under Dr. Wilson, of Buckingham. Graduated in 1816, at the University of Pennsylvania. Directly afterwards moved to Moorestown, Burling ton County, New Jersey, and there practiced medicine until he died, March 19, A. D. 1858.

DR. INO. GRIMES.

BY JNO. G. RYERSON, M. D.

DR. JOHN GRIMES died at Boonton, September 12th, 1875; he was the son of Jonathan Grimes, and was born at Parsippany, Morris County, in 1802. He received a certificate to practice medicine, from the

State Medical Society, in 1827. First practiced at Newfoundland, N. J., but since 1833 has practiced in Boonton.

He was remarkable for his strong convictions, and the boldness and pertinacity with which he followed them. He early became a fearless and outspoken advocate of the anti-slavery doctrine, and played an important part in the agitation of that perplexing political question. He frequently aided slaves to escape, and his house was what was termed a station on the "Underground Railroad." He was frequently ill-treated and mobbed; and once arrested by the Sheriff of Essex County, for aiding in the escape of fugitive slaves. He gave bonds, but for some reason was never tried. He was President of the first Anti-Slavery Society in the State. In 1844 published the N. Y. Freeman, which continued until 1850, when other journals took up and advocated the question.

He was an early and strong advocate of the Temperance cause; he strongly condemned the use of stimulants, as practiced in the profession twenty years ago. It was a satisfaction to him that he lived to see the profession adopt his views in a great measure, on the question of stimulants; and the country at large uphold his views on the great political question.

Through nearly the whole of his adult life he abstained from animal food. Whatever may be the facts or theories as to the value of animal food, it is clear it did not impair his vigor of mind or body, for he always had a large and laborious practice, and when an old man he performed more professional labor than most young men are able to endure.

His quiet, grave manner, plainness of dress, early and persistent advocacy of temperance and anti-slavery, served to render him unpopular in some respects, for the greater part of his life. But all, whether in or out of the profession, recognized his ability as a practitioner. He performed many important surgical operations, and in both surgery and obstetrics was for a long time considered authority in this part of the country.

During his whole life, in his intercourse with the profession and the world's people, he was a man of honor, truth, and the strictest morality. At the time of his death he was highly esteemed and loved.

JAMES VANDERPOOL, M. D.

BY WM. VANDERPOOL.

James Vanderpool was born in New York city, November 4th, 1841, and died in Yokohama, Japan, January 14th, 1876. When he was one year old, his father, Beach Vanderpool, removed with his family to Newark, N. J., his native town.

At the age of 13 years, James was sent to school to Mr. Charles M. Davis, at Bloomfield, N. J., and afterwards entered the Mount Pleasant Military Academy of Mr. Maurice, at Sing Sing, N. Y. In the year 1859 he passed his examination for admission to the Freshman Class of Yale College. He remained at Yale during two years, and in 1861 became a member of the Junior Class of Williams College, Massachusetts, from which he was graduated in the class of 1863.

On quitting college, he began the study of medicine in the office of Dr. Isaac A. Nichols, Newark, N. J., with whom he remained about one year, when he matriculated at the College of Physicians and Surgeons (Columbia College), in the city of New York. He received his degree of M. D. in the year 1866, and, with some fifteen or twenty other young physicians, he became a competitor for the position of House Physician of the old New York Hospital, recently demolished, which stood on Broadway facing Pearl Street. The examination was a very severe and impartial one, but Dr. Vanderpool succeeded in obtaining the prize; and for upwards of two years he acted in the capacity of House Physician of that institution. In the year 1869 he removed to Newark, and commenced the practice of his profession. He was elected a member of the staff of St. Barnabas' Hospital, and soon after resigned that position in order to accept a membership on the medical Staff of St. Michael's Hospital. In the same year he was appointed a Brigade Surgeon, with the rank of Major, on the staff of Brig. General Plume.

In the year 1873 he went to Europe, making the tour of the British Isles, and visiting the Continent.

On the 29th of November, 1873, he sailed from the port of New York in the barkentine James Condie, (new), bound for Yokohama, Japan, with the intention of making a voyage around the world for the benefit of his health. No noteworthy incident occurred until 3 o'clock, A. M., of April 1st, 1875, when the barkentine struck a coral reef off the Island of Boeton, near the large island of Celebes, Malay-

sia. The vessel was abandoned by the captain, and all hands took to the boats, and rowed some 15 miles to a small island, which they found to be inhabited by savages. It was with difficulty that the barbarians were persuaded to allow the shipwrccked voyagers to land. They remained for two weeks on this island, sheltered by an old thatched fishing shed standing near the sea shore. On the 14th of April they were rescued by an Italian man of war, a corvette, the Vettor Pisani. and were carried to the Dutch island of Amboyna. The commandant of the corvette generously offered Dr. Vanderpool an invitation to accompany him to Yokohama, which was thankfully accepted as far as Hong Kong. On the way thither, the corvette stopped at Ternate. and remained for some time at the large almost unknown island of New Guinea. At Hong Kong, the Doctor took a White Star Steamer to Yokohama, where he arrived on the 10th of July, having lost the greater part of his baggage by the shipwreck. He soon made the acquaintance of Dr. Eldridge, the Physician in Chief of the General Hospital at Yokohama, who kindly offered him the position of Assistant Physician of the Hospital, until he could make his arrangements for the future. He accordingly moved his quarters to the Hospital, and had apartments in the building. On the morning of January 14th, 1876, the Japanese servant went to his room and found him dead in his bed. He was buried in the foreign cemetery, at Yokohama, the Rev. Mr. Miller, of the Church of England, of which Dr. Vanderpool was a member, reading the burial service. His remains will be exhumed, and brought to Newark, N. J., for interment,

BENJAMIN HARRIS STRATTON, M. D.

BY R. H. PAGE, M. D.

DR. BENJAMIN HARRIS STRATTON, son of Dr. John L. Stratton and Anna H. (who was a daughter of Dr. James Stratton, of Swedesboro, Gloucester County, New Jersey) was born in Mount Holly, Burlington County, N. J., February 6th, 1804.

His father was born in Fairfield, Cumberland County, N. J., February 23, 1778. He had the advantages of a good school, of which he made the most; and pursued the study of medicine with Dr. James Stratton, the maternal grandfather of the subject of this memoir. After attending the regular courses at the University of Pennsylvania,

he graduated in the year 1800, and shortly after, located in Mount Holly, where he successfully practiced his profession (with the exception of a short period of six months, during which he was in Burlington City, associated with Dr. Nathan W. Cole) until a few years before his death, which occurred on August 17th, 1845.

The son, Benj. H., was prepared for college at Baskenridge, N. J., which then enjoyed a high reputation as a preparatory school; and graduated at Princeton College in September, 1823. Very soon thereafter he commenced the study of medicine with his father, and graduated at the University of Pennsylvania in the spring of 1827. Soon after graduating he entered into partnership with his father as a medical practitioner. They continued together until a few years before the father's death, when the infirmities of age, made premature by his onerous life work, caused the father to withdraw from active practice; and the son, in addition to the labor, hardships and responsibilities of an already large and increasing practice, assumed the duties laid aside by the father; and how well, conscientiously and successfully they were performed, the love, veneration and respect of the community he served so long, most beautifully tells.

He continued his professional labors through all the changes and vicissitudes of a half century up to the commencement of his last illness, and then unwillingly laid them aside, only at the commands of his attending physicians. After several months confinement and suffering, with a complication of diseases, borne with the resignation of a Christian gentleman, he died December 31st, 1875, aged 72 years.

It could be truly said of Dr. Stratton, that he was a high-toned, honorable gentleman, just and upright in all his dealings, possessing a high sense of integrity, from which he never swerved. He was a cheerful, genial companion, warm and true in his friendships, and compassionate and considerate of the feelings of others; elated with their joys and saddened with their sorrows, in a word the golden rule "do unto others as ye would they should do unto you," was his guide, shield and buckler through life. What higher encomium could be given?

In his professional life the same characteristics that distinguished him as a man, honor, honesty and integrity were prominent, with an enthusiastic love of his profession that was shown in his practice, in his daily intercourse with physicians, in the meetings of the Medical Societies, in his observance of the laws of medical etiquette, and at all times and seasons he was its devotee, advocate and defender.

As a physician, through all the years of his practice he held a prominent position among those of the State. He was one of the founders of the Burlington County Medical Society in 1829, was elected President several times, and served as Treasurer for many years. He was almost always present at its stated meetings, and actively participated in the proceedings, and when young physicians were elected as members, he would extend to them a cordial greeting, and in all their after professional intercourse with him, be to them friend, guide and counsellor, as the writer remembers with gratitude.

He was a member and regular attendant of the meetings of the New Jersey State Medical Society, and was elected President in the year 1838. The physicians of the State will remember him as an active co-worker in all their labors, and as a gentlemanly, genial companion, whom they had learned to love and esteem.

As a practitioner, he was successful in the treatment of disease, and not only won the confidence of his patients by his skill, but their hearts by his kindness and sympathy. He was noted for his ready resource in the use and adaptation of 'domestic remedies' as adjuncts in the cure of disease, and as a prescriber of officinal standard remedies in their combinations and adaptability to the disease under treatment, he had few or no superiors. He acquired an enviable reputation as accoucheur, and was very skillful in the use of the forceps. And prompted by his enthusiastic love for the profession of his choice, almost of his inheritance, he through all the long years of his arduous labors, was a constant reader of the current medical literature of the day, and thus kept pace with the material advancement of medical science. Although he kept no record of his cases, yet, having a retentive memory, his mind was stored with a great amount of practical knowledge that he was ever ready to impart for the benefit of others.

He lived the truth of the homily of Bacon: "I hold every man debtor to his profession; from the which, as men do seek to receive countenance and profit, so ought they of duty to endeavor themselves by way of amends to be a help and ornament thereto." Dr. Stratton was married May 11, 1829; his widow and two daughters survive him.

The following preamble and resolutions of the Burlington County Medical Society, inadequately express the sentiments of honor, love and esteem inspired by him among his medical brethren during his life, and their deep feelings of regret and sorrow at the time of his death:

BURLINGTON COUNTY MEDICAL SOCIETY.—At a special meeting of the Burlington County Medical Society, called for the purpose of attending the funeral of Dr. B. H. Stratton, the following preamble

and resolutions were unanimously adopted:

Whereas, Dr. Benjamin II. Stratton has been removed by death in the fullness of years and the ripeness of professional honors, we, the members of the Burlington County District Medical Society, recognizing him as one of the founders of the Society in 1829, and its firmest and most efficient supporter, both by word and deed, through evil and good report, feel that by his death the Society has met with an incalculable loss that time will mitigate, but never entirely remedy; and that we, his friends, associates and professional brethren, grieve with a sincere and heartfelt grief for him as a friend, companion, instructor and counsellor, for many of us remember with gratitude, when entering upon our professional career, that not only in the meetings of the Society, but at all times and seasons, he was ever ready to draw from the general storehouse of his professional experience, lessons of wisdom and counsel for our benefit and guidance, and his memory will ever be held in esteem and reverence; and

Whereas, Our profession is endeared to us by years of toil, by responsibilities met, by hardships endured, by triumphs achieved, and by associations of professional and social intercourse with each other, it is meet that its members, when one of their number, one of the oldest practitioners in their midst, who, through a long life of professional labor, has to the full, partaken of its responsibilities, hardships and triumphs, and whose cheerful disposition, genial manners and honorable professional intercourse has won our respect and esteem, and who, for the last half century has moved in and out amongst this people, mingling in their joys and partaking of their sorrows, and as the skillful physician with an ever willing mind and ready hand assuaged their afflictions and sufferings, is removed from among us by death, do pay a heartfelt tribute of respect to his memory by mingling our grief with that of his afflicted family and many sorrowing friends; therefore,

Resolved, That we attend his funeral in a body, and wear the usual

badge of mourning.

Resolved, That the secretary be authorized to transmit a copy of these resolutions to the family of the deceased, and to the Mount Holly, Newark and Camden papers.

ELIJAH W. MAINS, M.D.

BY DR. C. V. MOORE.

Dr. Mains was born near the village of Stillwater, Sussex County, New Jersey, May 29th, 1832. At an early age he evinced a desire for study. All the advantages in this respect

were obtained in the public schools at Stillwater, where, under the able tutorship of John D. Reynolds, he and many other scholars laid the foundation for the different professions studied medicine with Dr. John J. Linderman, of Dingmans, Pike County, Pennsylvania, and graduated at the Jefferson Medical College of Philadelphia in 1858. The same year he settled in practice at Flatbrookville, Sussex County. The same year he married the daughter of his preceptor, the late Dr. John J. Linderman. With the exception of about five years his whole professional life was spent at Flatbrookville. Ever ready to go upon call, his kindness and assiduity was proverbial. He persevered with the professional harness on. From exposure he contracted cold about the 15th of February last; double pneumonia set in; the attack was severe, and the case well nigh hopeless the first week; but from the lung trouble he appeared to be making a satisfactory recovery, as his lungs seemed entirely relieved. Some gastric weakness and want of nutrition remaining, he did not recover so as to be out, and rather unexpectedly on Saturday, March 11th, some cerebral symptoms manifested themselves, soon followed by convulsions, and he died on Monday, the 18th of March, 1876, in the 44th year of his age, mourned and appreciated, as evinced by the numerous and sorrowing concourse of neighbors and friends that attended his remains to there last resting-place.

REPORTS OF DISTRICT SOCIETIES.

BERGEN COUNTY.

To Chairman of Standing Committee, &c. :

The general health of the county of Bergen has been about as good as the preceding two or three years. As regards the village of Hackensack, and its immediate surroundings, my experience and observation correspond with that of Dr. C. Hasbrouck, who notes "the entire absence of all epidemic influences—or to speak more correctly, perhaps—the entire absence of all manifestations of such influence, in the prevalent diseases of the past year." Indeed, we have had no epidemic of any kind, excepting during the past winter, the remarkable prevalence of catarrhal influenza.

A few cases of pertussis, scarlatina and diphtheria have occurred, but as far as I have been able to learn, have been isolated. There have been less malarial fevers the past year than usual. Intermittents have prevailed to a limited extent, but the more common and serious results of malarial poison have been noticed in the different forms of neuralgia, which yield only to large and repeated doses of quinine. Pneumonia, pleuritis, and the various bowel affections, have been less prevalent than usual.

In regard to malaria, Dr. H. A. Hopper, of Hackensack, says: "I saw and treated a great number of malarial cases of a peculiar character, both pernicious

and masked fevers; some of them coming fairly under the nosological arrangement of typho-malarial. no doubt fallen to the lot of many members of the profession, who have enjoyed several years of observation, to have met with some of the same peculiarly obscure forms of disease, in which it seemed impossible to designate any distinct type of fever, because of the absence of distinctly marked pyrexia or apyrexia; running their course without any, or with only slightly developed febrile manifestations; disturbing certain nerve centres, and producing local neuralgia, or in the absence of special neurosis, nothing more than a general malaise. In the months of June and July, I treated more than two dozen such cases, sometimes assuming the quotidian and tertian types, and in three or four of them a quartern form. The disease was more prevalent among children than adults; several cases being complicated with severe convulsions, resulting in infantile paralysis with two of them. recovered in about two months, more from the recuperative power of natural growth and development, than by any line of medication employed. No one will, I think, intimate that organic diseases may not be complicated by a supervening attack of malarial fever, but they are so liable to simulation while the system is under malarial influence, that it becomes a matter of profitable study to note the peculiar vagaries of malarial attacks. In some instances the attacks appeared more like local muscular rheumatism; the successful result, however, of quinine treatment being conclusive of their malarial origin. The peculiarity and number of malarial cases which came under my notice during the summer of 1875, suggested very strongly the importance of studying both the general and special

etiology of the diseases. To discuss it would require more time and space than would be allowed to this report. I have no very deep share, however, in the opinions of that class of thinkers, who always associate malaria with swamps, and other low lands, and find in them the almost exclusive and prime factors in its production. I do not doubt that it may sometimes be epidemic, but feel well assured that it is more commonly endemic, and that its origin is more frequently than will be readily admitted, in and around our dwellings; the products in such cases, to be classed among preventable diseases. I am well convinced that many of the cases to which I have here alluded, were the direct result of the inhalation, during the hours of sleep at night, of an atmosphere poisoned by the mephitic gases evolved from out-door water closets, in close proximity to the open windows of sleeping apartments. The sooner we can, by authority of general and local laws, enforce an observance of sanitary regulations, in regard to many domestic causes of this and kindred poisons, sometimes in water supplies from wells, and at other, from sewer gases, the better will be the health of our population, in country, town and city. In the treatment of the cases named, as I have previously indicated, I relied almost entirely on the use of sulphate of quinine, for the early breaking up of the attack; and believing that prompt treatment is the most reliable method for preventing organic lesions, and thus the pernicious forms of the disease, I frequently prescribe forty grains in twelve hours for adults. Idiosyncrasies may be found, in which, on account of intolerance of the remedy in even small doses, I am compelled to resort to sulphate of cinchonia; a remedy which in my

hands has not proved very satisfactory, except as a prophylactic. In several cases of young children, I have used drachm doses of the fluid extract of eucalyptus globulus, with very good results."

From Coytesville and vicinity, Dr. A. Clendenin reports no epidemics; a few cases of measles and of scarlatina, and two of variola; pneumonia, pleurisy and bronchitis less than usual; parotitis has been quite prevalent. There have been a number of cases of rheumatism and arthritic complications; of malarious fevers a large number of cases almost exclusively tertian intermittent, the remittent type mostly attending upon some distinct organic inflammation, as of the lungs, liver, or kidneys. In the treatment of intermittent Dr. Clendenin says: "I give sulphate of quinine in solution, two grains to the teaspoonful of water, saturated with camphor, which counteracts the cerebral excitements often following the use of quinine. A rule I always observe, is the non-administration of quinine shorter than six hours prior to expected recurrence of paroxysm, or if the cold is not sufficiently distinct, then seven hours ahead of the fever. I have never found it necessary to give more than ten grains during the twenty-four hours, generally not more than five grains. Given, as I said before, in solution, and generally in connection with a small amount of strong hot coffee, which destroys the taste almost entirely, and assists the rapidity of the action of the quinine. After first omission of paroxysm, one dose six to eight hours in advance of hour the next one is due, and after this for alternate times covering three weeks. During this time, I generally use dilute nitromuriatic acids, and attend to the general health, &c." Dr. Clendenin also reports twenty-three cases of

diphtheria occuring in his practice during the past year.

From Park Ridge and vicinity, Dr. H. C. Neer reports, that the spring and summer months of 1875 presented nothing worthy of particular attention in the general class of diseases, excepting, perhaps, the continued decrease of intermittent fever, which has been much less prevalent than in former years. At the beginning of the past winter, diphtheria and scarlatina made their appearance in different localities, and continued to be more or less prevalent through the winter and early spring. Many of the cases have been severe and complicated. Doctor reports as having had under his care, about forty of the former, and sixty of the latter-two cases of scarlatina and three of diphtheria terminating fatally. In addition to the usual remedies, the Doctor says: "I think I have derived much benefit from the use of Salicylic Acid, used externally and as a gar-Pneumonia and bronchitis have not been unusually prevalent or severe the past winter, excepting with small children. The Doctor also calls attention to the frequency and severity of inflammatory throat affections during the months of February and March, exhibiting a very decided malarial element, having regular intermissions. The throat would be very comfortable in the morning, and the patient feeling nearly well; in the afternoon fever would set in. with swelling of the tonsils and fauces, soreness and difficult deglutition, the parts looking red and inflamed. These cases were very intractable to treatment, and yielded only to large and continued doses of quinine.

From Ridgewood and vicinity, Dr. J. T. DeMund

reports: "The vernal months remarkably healthy; parotitis the only epidemic. From the middle of June till the second week in October, there was no respite to disease incident to this portion of the year. The prevalence of dysentery was noteworthy, approaching an epidemic. Common membranous sore throat has been exceedingly prevalent. Diphtheria has been rife; its fatality in some localities fearful. I was in hopes to report all my cases favorable, but, unfortunately, lost two cases in one family-twins, under four years. Poor nursing and supreme indifference too often appends a stigma to efforts that might otherwise have yielded a golden harvest. "Chlorine" treatment claims more than a passing notice. Large doses of tinct. ferri. chlor. et potassæ chlor. administered every ten or fifteen minutes, as a rule, acts like magic. The free use of ale or beer, and "pickle pork" externally, should not be despised. Gargles and topical appliances are uncalled for. Quinine, in some cases, may be given with propriety. Pursuing this line of treatment the glands of the neck seldom enlarge perceptibly. Scarlatina has not assumed the form of an epidemic, but it has been quite prevalent during the entire year; one case of the malignant variety fatal in fifty-six hours. Variola, rubeola and varicella have occasionally made their appearance."

I have received no direct information from the other parts of the county, and of course cannot report concerning them. I have reason to believe, however, that diphtheria has prevailed extensively in the lower part of the county, particularly in the village of Carlstadt and vicinity.

I have endeavored to secure answers from the mem-

bers of our "District Society" to the questions propounded by the "Standing Committee of the State Society," but have only received replies from three, viz: Drs. Hasbrouck, Clendenin and Currie.

As to "the value of topical remedies in malignant sore throat," Dr. Hasbronck says: "It is presumed that the committee refer not to any one specific disease, but to the condition of malignancy which forms so prominent a feature of the sore throats of different Assuming this to be the fact, and assuming also that the committee desire an answer based entirely upon the experience of members, I would state that when I began to practice medicine in 1839-40, it was the general, if not universal practice, in the anginose and malignant forms of scarlatina, to employ various topical remedies to the throat by means of sponge, probangs, &c., for the purpose of arresting the necrotic process, and to encourage the separation of sloughs and the cicatrization of the resulting ulcers. For this purpose solutions of nitrate of silver or sulphate of copper, the black wash, hydro-chloric acid, &c., besides various emollient and astringent gargles, were daily employed. My own experience in the use of such topical measures, particularly those that required the employment of sponging, probangs, &c., I must confess were never very satisfactory, although in deference to the general opinion and practice of the profession, I continued to employ them. Some eighteen or twenty years later, perhaps, or about sixteen or eighteen years ago, diphtheria first made its appearance in this county. The disease was of a most malignant type, and very fatal, and spread rapidly through the county. It was at that time regarded mostly as a local disease, and the topical application of remedies

was not only generally resorted to, but was regarded as an important if not an essential part of the treatment. The nitrate of silver, either solid or in solution, was the remedy mostly used. As far as my own observation and experience in the use of this means of treatment extended. I must say that I was never able to see the favorable results that were claimed for it; and as the profession became more and more fixed in the opinion that the disease was a constitutional or blood disease, of which the sore throat and membranous exudation were but the local manifestations. I gradually ceased to use the caustic solutions by means of brushes, probangs, &c., and contented myself, so far as local treatment was concerned, with gargles, and the internal use of acidulated drinks. The treatment which I have adopted for several years past, is about as follows: 1st. Strict attention to ventilation, cleanliness, and the free use of disinfectants, such as carbolic acid, &c. 2d. The regular and frequent administration of food, particularly eggs, beeftea, and milk, with or without alcoholic stimulants, as the case may require. 3d. General tonics, as quinine, in small doses, but more particularly the tinct. fer. sesqui. chlorid. in a solution of the chlorate of potash. 4th. Chlorine water in doses of from 3i., 3ss., with an equal bulk of water, given every half hour. This last remedy, for my first employment of which, by the way, I am indebted to your own suggestion, I have found exceedingly pleasant and effective in cleansing the throat and correcting the putrid and offensive odor. In employing the tinct. of iron as above suggested, I used to think that its efficiency was due to its general or constitutional tonic action—the same as in erv. sipelas. But, for some time past, I have been led to

believe that much of the benefit resulting from its use, is due to its direct local action, and that it should, therefore, be regarded as a topical as well as a constitutional remedy. Latterly I have become confirmed in this opinion by the results of the use of this remedy, and of others similar to it, in the practice of other physicians. Some months ago I was called in consultation with my friend Dr. DeMund, of Wortendyke, in this county, to see some cases of diphtheria under his The doctor has, I think, been unusually successful in his treatment of this disease. His treatment. however, differs in no respect from that which I had been in the habit of adopting, except in the size and frequency of his doses of the tincture of iron. Instead of giving it in doses of from five to fifteen drops in a saturated solution of chlorate of potash every two or three hours, as had been my usual practice, he insisted upon the necessity of giving from ten to thirty drops or more, every ten, fifteen or twenty minutes, night and day. Now, it seems almost incredible that these large and frequent doses can be appropriated and utilized by the system. So far as constitutional effects are concerned. I think the smaller doses of the tincture of iron are as much as can be of any value; and it is more than probable, I think, that the exceptionally favorable results that Dr. DeMund is able to report, are due to the direct topical action of the remedy as a tonic and antiseptic, this action being intensified and assured by its frequent application. The Doctor is located in the upper and more elevated portion of the county—a district exceptionally free from malarious influences, and his success in diphtheria may, perhaps, be due, to some extent, to these favorable conditions. Nevertheless, I cannot but believe that it is

to a greater degree the result of the direct disinfectant and alterative action of the chlorate, &c., frequently, almost constantly applied, in the act of deglutition.

In this opinion I am still further confirmed by the published results of very similar treatment in the experience of Dr. Billington, of New York. paper recently read by Dr. B., before the N. Y. Academy of Medicine, and published in the N. Y. Medical Record, of March 26, 1876, he maintains that diphtheria is primarily a local affection, and that the local disease of the throat is itself the source of the constitutional manifestations, the same as chancre is itself the source of the constitutional infection in syphilis. In conformity with this doctrine, his treatment is based upon the principle of local disinfection, the indication being to destroy the contagion, and combat the absorption of the poisonous elements from the spot at which the local disease is manifest; failing in this essential, he thinks that constitutional measures are useless. The list of remedies he employs for this purpose, are the tincture of the chloride of iron, lime water, glycerine, chlorate of potash, carbolic acid, salicylic acid and sulphite of soda; the first named being by far the best as a local disinfectant. He also lays great stress upon the mode of employing these remedies; and for the purpose of securing their best local influence, he advises their internal use. rather than by the employment of brushes, sponges, The topical use of spray, however, he advises in cases in which it can be used. Another point upon which he insists as a matter of prime importance, is that in whatever combination these remedies are used. they must be taken or used in very frequent doses. that is, as often at least as every half hour.

The success which Dr. B. reports is certainly exceptional. Of 124 dispensary cases, he reports 90 recoveries, and of 19 cases occurring at the same time in his private practice, all recovered but one. The average duration of his cases is six days; and he believes that by early, thorough and faithful persistence in these measures of local disinfection, he prevents systemic infection, and subsequent laryngeal and other complications.

To sum up my opinion, then, as to the value of topical remedies in malignant sore throat, I would say that I regard them as of great value, more particularly when very frequently applied by administering them internally, or at least without the mechanical irritation and violence that almost necessarily attend the application of these remedies by means of brushes, swabs and probangs.

In reply to the second question of the Standing Committee, viz: "In what morbid conditions do you rely upon calomel as a therapeutic agent?" I scarcely know what answer to make.

From 25 to 35 years ago, there was scarcely a morbid condition of the system, or a disease of any kind, in which I did not resort, in common with the rest of the profession, to the liberal use of calomel. In inflammations especially, whether acute or chronic, I regarded it, next to bleeding, as our main reliance, both to arrest the attack, and also to promote the absorbtion, and elimination of the products of the inflammatory action. For many years past, however, as I have learned that these diseases get well as certainly without calomel as with it, I have ceased to give it, except in very exceptional cases. Even in those diseases in which the alterative effects of mer-

cury may be desired, I am in the habit of using the mercury with chalk, blue mass, corrosive sublimate, or the protoxide of mercury, preparations which are much more manageable and safe. There is one disease, however, in which I always give calomel, and that is iritis. In this disease, I do not think anything can supply its place, whether the inflammation be acute or chronic, or of syphilitic origin or not; the effects of calomel in its treatment are uniformly so prompt and certain, that I would no more think of treating a case without it, than I would treat an intermittent without any of the preparations of bark; and this is, perhaps, the only disease in which I can be said to rely upon calomel as a therapeutic agent.

Cholera Infantum is another disease in which I sometimes give calomel. In some cases, given in combination with bismuth and pepsine, it seems to quiet the irritable stomach, and to promote the healthy action of the liver and intestinal tract. I do not, however, regard its use as at all indispensable.

But it is as a purgative, perhaps, that at the present time, I most frequently use calomel; and as such, in some cases, particularly in children, its effects are truly admirable. Children from five to ten years old, will often be seized with a sharp fever, with torpid bowels, a dirty and slimy tongue, entire loss of appetite, and very offensive breath. In such cases, a good calomel purge will often relieve these symptoms at once, and permanently.

Dr. Clendenin, of Coytesville, contributes two surgical cases of interest.

A. S. BURDETT, Reporter.

HACKENBACK, May, 15, 1876.

CASES BY DR. A. CLENDENIN.

CASE I. Annular Stricture.—On the 2d January, 1875, I was called to Antonio J. Walbman, bookbinder in Coytesville; case of six urethral strictures, and five fistulous openings in groin and perineum, the line of the strictures covering two and one-half inches, almost entirely in the membranous portion. Each stricture was somewhat dilated with large conical pointed sound, after continuous pressure. After exploration, No. 3 Urethretome was passed, and strictures divided. Charrieri's penis glass and pump were used before operation and until final cure. After the division of all the strictures, a slippery elm dilator was almost constantly kept in, in order to control the size of the urethra during cicatrization, and in a soothing manner. This is specially required, because twice before—once in Berlin and once in New York—this man had been operated upon; but in consequence of his peculiar diathesis-both father and brother having suffered (one to fatality) with calculus, and this one having such tendency, and being spasmodic-beside the neglect of continuous dilatation, his relapses had been worse than the primary. Within two weeks he was off my list. But a few days since, I examined him, and find him, after the space of more than a year, in the enjoyment of perfect health and full urethral calibre. I especially recommend the slippery elm dilator and the penis glass. The fistulas by the latter were constantly relieved, and by the injection of a weak solution of sulph. iron quickly healed.

Case II. Scirrous Cancer à la Rose.—On the 3d February, 1876, I was called to case of the above—a woman over 70 years of age; opening 3 by 3½ in diameter; growth noticed and pains remarked about two years. The case had been diagnosed and operation recommended by more than one physician during this time. Prior to calling for me, she lost some 18 or 20 ounces of blood, and one physician called upon had (in consequence of age and anæmia) judged an operation impracticable. When I saw her I gave her sulphate of iron and quinine, arranged a support for the point of cancer, viz: left breast—prescribed liberal nutritious diet, and recumbent posture.

On the 11th Feb. I found her blood enriched and her general tone improved. On that day I operated upon her, lashed in my operating chair; the loss of blood was exceedingly small, she was under the influence of chloroform; the operation was slow, consequent upon

ligation of arterial branches immediately after division, beside the use of sesquioxide of iron. The entire breast was involved and removed, beside three intercostal glands and one ante-axillary complication. The arm was bound behind the back, so as to draw tense the pectoralis major, the incisions were in line for cicatrization to correspond with its fibers, in order to expedite healing and give a fall toward the sternum for discharges. Length of cicatrix now is 91 inches; the weight of excised two ounces less than two pounds; the wound was sutured in lower end; kept constantly wet and cool with solution of "bromo-chloralum," one to eight of water; the surroundings were daily painted with tinct. iodine; her bowels regulated; no stimulation, but liberal nutritious diet, and syr. ferri. iodid., twenty drops with water three times a day. Thirty days from date of operation, the cicatrix was perfect, and to-day (April 11, 1876) she is walking around with increase of flesh, in good general health, attending to household duties. There was an enlargement of the axillary glands, which passed away, and no signs of recurrence appear.

COMMUNICATIONS.

By Dr. D. A. CURRIE, OF ENGLEWOOD.

I.

There has been rather more than the average amount of sickness during the past year, commencing with May 1st, 1875. I had an unusual number ill with pneumonia of a decided malarial type, affecting principally the younger members of the community.

During the latter part of May, running through June and July, there was also existing through this section, hooping-cough, bronchitis, acute rheumatism, an occasional case of scarlatina, and various other minor troubles of short duration.

August brought an unusual number of intestinal disorders peculiar to children—tonsilitis, &c. Sore throats were also very prevalent throughout the fall and winter months.

September brought a few cases of intermittent and remittent fevers, but during the winter months they gradually assumed the typhomalarial type, eleven cases occurring in almost as many different •.

families, running a course of six, ten, and even fifteen weeks' duration, which is something bran-new in this part of the country.

I was principally engaged in caring for these and a few more candidates for hooping-cough and measles, which brought me as far as December 1st; and in connection with this, will state, that I found Ext. Conni. Fld., in small doses, serviceable in allaying the paroxysms of hooping-cough and in shortening the disease, and when the bronchial secretion is very profuse, Ext. Belladon. Fld. has proved of great service, and in conjunction with it, oftentimes, Hydro-cyanic Acid acts beautifully.

During the summer and fall months I treated over one hundred cases of the disease, so I am speaking from my own experience.

December brought an epidemic of influenza, sore throat, pneumonia, bronchitis, acute rheumatism, and a continuance of hooping-cough.

January and February seemed to bring nothing of a contagious nature except mumps, of which I had several cases.

March and April were unusually healthy, with the exception of a few cases of typho-malarial fever, which seemed, however, to yield more readily to treatment than those cases which occurred during the fall and winter months.

A few sporadic cases of diphtheria have occurred through April and May, but none have proved fatal thus far.

П.

During the month of December, 1874, and January, February, March and April, 1875, diphtheria raged to an alarming extent in this valley. The disease was uncomplicated diphtheria, and proved fatal, sometimes by the accession of croup consequent upon the extension of the disease into the larynx and trachea; at others by exhaustion.

The first case occurred in a family of five, living in a large tenement, all of whom had the disease. Unfortunately for our town, the case was not treated correctly at the start. It falling into the hands of a Homeopathist, who treated it for teething, and then for worms, neither of which plans succeeding, the parent brought the child to my office in a dying condition, death occurring thirty hours afterwards.

The family being Irish, the usual "wake" was held, although three other cases were found to exist at the same time, and in three days afterward twenty-eight cases were found in families who had sent

delegates to the "wake." From this time until about the middle of April there were new cases occurring almost daily. One case of more than usual interest occurred, of which it will be well to speak. Mrs. W. expected to be confined about March 15th; was taken quite ill Feb'y 8th with what seemed to be diphtheria, sore throat, fever, loss of appetite, restlessness and considerable nausea and pain in the back.

Feb'y 9th, no better; all the symptoms worse.

Feb'y 10th, about the same, symptoms of labor coming on, which in fact proved to be so, as she was delivered of a very delicate male child at 10½ P. M.

Feb'y 11th, very much worse, the glandular swelling great, intense fever and delirium, tenderness over the abdomen, but no tympanites; lochial discharge very offensive and scanty; pulse 150; temperature 108½; respiration 50 per minute; throat slightly coated with dark grayish patches.

Feb'y 12th, 9½ A. M., surface of the body covered with a fine scarlet rash; tongue had cleaned during the night, which left it looking like a ripe strawberry; temperature 108; pulse and respiration same as day previous; delirium; abdomen swollen and tender; urine scanty and highly absumious.

Feb'y 13th, had a severe chill at 8 A. M.; lasted one hour; reaction very severe; six hours afterward the temperature 108 4-5, being the highest point my thermometer ever reached when tried on any patient.

Feb'y 14th, respiration 50; pulse 160; temperature 108; head symptoms not quite as severe; abdomen greatly swollen and tender to the touch; lochial discharge scanty and offensive; itching of the surface unendurable; cuticle had commenced to peel off the fingers and forearms; very restless.

Feb'y 15th, temperature 107; pulse 140; respiration 40; head clear; diarrhœa through the night and very restless; urine scanty and highly absumious; abdomen still tender.

Feb'y 16th, temperature 106; pulse 180; respiration 30; abdomen not quite as tender, but very much swollen; lochial discharge quite profuse and not as offensive. From this date until Feb'y 27th, there was a gradual abatement of all the symptoms, when the temperature was 90; respiration 22; pulse 100, and the kidneys acting very much better; urine albuminous; the throat, of which I have said nothing, remained very much swollen, and patches of a dull grayish hue would appear and disappear about every third day, and up to the 27th ult.

the tonails and posterior nares dark and engarged; bled when touched; tongue very red and tender; from all of which she has, however, fully recovered, this 24th day of April, 1875.

A few words as to the treatment of this case, which consisted of sponging the whole surface of the body with cold water, as it came from the pump, every second or third hour, after which she would express herself as very much better, and drop off into a short doze. Opium, one grain every fourth or eighth hour; Quinine, gr. iii every sixth hour, for the first eight days, afterward in tonic doses; Hyposulphite Soda, grains 1-6th every second hour, comprised the treatment, except champagne and beef tea.

This was the only case out of 135 cases of diphtheria which occurred in my practice within a period of five months, that looked at all as if the diphtheritic character had been engrafted, so to speak, on to scarlet fever, and does look, and has led to the supposition, that these diseases are essentially the same, or, in other words, that diphtheria is a modified form of scarlet fever, unaccompanied by the scarlet rash. The case in question had suffered several years previously from diphtheria, but never from scarlet fever. It is an acknowledged fact that persons who have suffered from scarlet fever enjoy a comparative immunity from future attacks of that disease, or, if an exceptional case does occur, it runs a very mild course. Therefore, these two circumstances appear to contradict the belief that diphtheria and scarlet fever are essentially identical, so that if they proceeded from the same cause, we should naturally expect that persons who had undergone one form of the disease would be exempt from the other, or that at least the operation of the poison would be modified, as is usually seen to be the case in second attacks of scarlet fever and the other eruptive diseases. But this is not the case; diphtheria frequently attacks the same person a second and even a third time within a few months, and the subsequent seizures, instead of being more mild, have sometimes proved more severe than the first, for I have cases on record which, to my mind, fully illustrate the non-identity of the two diseases.

In treating diphtheria I relied principally upon chlorine in various forms, stimulants and quinine internally, together with chlorinated or carbolated injections into the nostrils, from the use of which I have witnessed the happiest effects. I have frequently seen children of 8 and 4 years industriously trying to use the syringe which had been provided for the purpose, as it "made them feel so good."

Whether there is a nest of the Bactivia diphtheriticus existing in the posterior nares or not, during the invasion of the disease I invariably find when that cavity is kept free from the fetid collection which exists in almost every case, that the patient, let it be child or adult, will rest better, from the simple fact that they can breathe free and unobstructedly, and not be obliged to keep constantly swallowing immense quantities of poison into the stomach, where nothing short of decomposition can be the result, whereby the septic poison is rapidly distributed throughout the system, poisoning the nerve-centres and causing death from inanition and failure of the heart's action, for I have witnessed cases of death from the disease when I am certain the heart's action had ceased from 1 to $2\frac{1}{2}$ minutes before the subject stopped breathing.

A few words as to topical applications. With the very worst cases I used nothing stronger than the following:

T. Ferri. Mur. ziv. Acid. Mur. Dil. zi. Aqua Pur. zii.

M. Sig. 20 drops every third hour, with water; also apply to the tonsils with brush three or four times per day.

The dose named is for an adult. Here we have an abundance of chlorine, and those that were old enough to give an opinion, express much gratitude after each application.

Those who were never treated with tannin, sulphuric acid, ice, and many other quite reliable agents, did not get along nearly so comfortably, and, in fact, did not get along well until I placed them on this treatment, assisted, of course, by the nasal injection.

Of stimulants I cannot say too much in their favor, especially brandy and champagne with ice. To one case of the many I only will allude. Willie N., aged 10 years, had been complaining twenty-two hours; glandular swelling very great; tonsils and palate a dull claret color, studded with dull grayish patches; a profuse offensive nasal discharge; pale and dejected countenance; difficulty of breathing and swallowing; pulse 150; temperature 105. I immediately commenced the use of the nasal wash, with champagne and beef tea; small doses of Liq. Opi. Co. occasionally. This lad took within the ensuing eight hours one quart of the wine, with the effect of reducing his pulse to 110, and temperature 102, and a good deal better state of the whole system; same treatment was continued, with the addition

of the iron and acid mixture, and less or more of the wine, as occasion or the urgency of symptoms demanded. He made a complete recovery at the end of the fourth week.

Nasal hemorrhage occurred in over one-half the cases to a greater or less extent, which could only be controlled in some by the injection of a few drops of Ferri. Persulph, into the nostril by means of a hypodermic syringe.

But it is not my intention to theorize upon this subject, but to give in as few words as possible, the result of my experience and observation during this one epidemic of Diphtheria.

Of the 135 cases to which I prescribed, 18 proved fatal, 13 from exhaustion and 5 by the accession of croup. Nine deaths occurred before medical aid could reach their houses; these were among the very first that occurred.

III.

ABSCESS OF THE LARYNX, SIMULATING CROUP.

The Larynx in children is subject to several acute diseases, which, although pathologically distinct, are yet so alike in their symptoms, that the diagnosis can at times be determined only by a post-mortem examination. There is no class of cases, moreover, where in the matter of treatment, the power of accurate diagnosis is more desirable or can be of greater importance. It is not my intention to enter upon the consideration of those cases where the mucus membrane is the subject of morbid action. There is another class of cases which present the same laryngeal obstruction, which prove as fatal, and which from their greater variety are extremely liable to be mistaken for the former, but which differ entirely from them, in fact that the morbid action is extra laryngeal. In making my research into the history of this affection as referred to by Drs. Abercrombie, Fleming, Boaki, and Allen of New York, the more important diagnostic points are the following:

- 1st. The affection is more gradual in its onset, and does not endanger life so rapidly as croup.
- 2d. Difficulty in swallowing is in most cases a prominent symptom, and any attempt at deglutition at once induces a paroxysm of dyspnea.
- 8d. In abscess, change of posture, and especially the horizontal position, aggravates the dyspnæn, and, like the act of deglutition, is apt to induce a paroxysm of suffocation.

4th. The cough is low and hoarse, and has not the clanging brassy sound of the early stage of croup. These characters, taken together with the history of the case, should be sufficient to place one on his guard for extra-laryngeal disease.

Case I. Mrs. E., a weakly, delicate female, aged 36 years, I found suffering from difficulty of breathing, which had been gradually increasing for eight days. Concluding that the disease could not be croup, I was led to particularly examine the throat. She had a clanging cough, coming on in fits; the face was dusky; lips blue; the pulse feeble and quick. It could not be ascertained that there was any pain in the region of the larynx, but upon looking into the back of the throat, it was seen to be somewhat congested and looked full. Deglutition is difficult and brings on cough and dyspnæa; externally, the throat looks full on each side. Had a consulting physician, who said she had dyspepsia, and I had better give her Carbonate Ammonia. Two days afterward I noticed she sat uprightly and could not swallow at all. Upon examining the larynx, thought I saw a slight fullness, and rather inclined to point posteriorly; concluded it was an abscess, and passed a needle into it, whereupon I found it contained pus. I passed a bistoury into the abscess and evacuated about four tablespoonfuls of thin pus of a very offensive odor, attended with the immediate relief of all the distressing symptoms. The lady made a slow but perfect recovery, the cavity continuing to discharge for about six weeks.

Case II. A weakly child, aged 8 months, was brought to my house, suffering from glandular swelling under the lower jaw, left side. No cause for the swelling could be detected, and the mother was advised to bathe the child with warm water and apply warm flax-seed poultices. One week after I was sent for to see the child. I found her suffering from difficulty of breathing, which she had been suffering from for about two days. Respiration was accompanied by a loud stridulous sound, audible throughout the room, which, with the accompanying dyspnæa, was at once suggestive of croup. There was a hoarse cough without clangor. The throat was examined but looked quite healthy. Upon examining the glandular swelling it had entirely disappeared; but there appeared a fullness, but no hardness in the lower part of the neck, especially during respiration, and the trachea seemed to be pushed slightly out of the mesial line toward the right. This fact, with the history of the case, and the revolution of the other

case, led me to suspect that I had again to deal with extra laryngeal. affection. Spts. Am. Aro. and warm poultices were ordered. Condition of the child remained the same for about a week, (the idea of croup was of course negatived), at the end of which time I determined to explore with needle, but failed to find anything. The poulticing was continued with stimulants and nutrition freely given. At the end of the third week I at last could feel a small rounded swelling about the level of the isthmuth of the thyroid and at the outer margin of the sterno-hyoid muscle. Pushing in a bistoury, fully three ounces of The cavity extended downward. Steady improvepus escaped. ment in respiration resulted. The cavity healed in about four weeks. The child continued feeble for some time, but finally regained its health entire. In the Philadelphia Medical Times of June 14th, 1873, there are two cases recorded, and I have recently received word from Dr. Stephenson, of Edinburgh, Physician to the Royal Hospital for Sick Children, some very interesting cases indeed.

IV.

THE ACTION OF MERCURY.

Recent experiments all tend to prove that mercury does not increase or improve the biliary secretion; in fact, has no direct effect upon it. But so long as they are confined to healthy organs, they can never demonstrate that it has no pathological action which was interfering with the performance of function. It is solely upon observations made in disease, that such questions can be determined.

To argue from physiological experiments alone, even when supported by the spectacle of a constitution shattered by mercury, is to act the play of Hamlet, with left Hamlet out. At the same time, the value of these experiments in discussing this question is great. They have been conducted with so much care and skill, and the results have been so very uniform and correctly decided, that any proof of a cholagogue action on the biliary secretion, must be very decided indeed, to shake their result; while we must be ever on our guard, least we are led away by old ideas; remembering also that a mere relief of symptoms does not necessarily prove a cholagogue effect of the remedy.

The effects of mercury are often appealed to in the intestinal derangements of children, to support its cholagogue action. This question will therefore come to be discussed; but the subject of how and in what cases mercury should be employed, cannot be determined by a discussion of its effects upon the liver only; the whole subject of its action upon the economy must be embraced, if we are to arrive at any conclusion as to its use even in biliary derangements. The stomach, liver and bowels are not functionally independent organs, but bound up in the closest sympathetic relation with each other and the economy at large. Derangement of A may produce perverted action of B, and a remedy acting solely on A may be thus made to have a good effect upon B, or vice versa. Some of the intestinal derangements of children afford an excellent example of this. In a recent paper read before the Medico-Chirurgical Society of Edinburgh, by my friend. Dr. Stephenson, it was shown that in cases where both liver and stomach have been deranged, in many of which the liver seemed specially at fault, and where there was no indication of want of power in the stomach, an absolute return to the healthy state was produced, not by mercury, but by pepsine, which could only act upon the stomachic digestion. This example is very valuable, because both the action of the remedy and the results are clearly defined, and warn us that in judging of the action of a drug, we must not simply limit ourselves to its physiological action on organs we want to cure.

There is a very prevalent, I may say, a universal idea, or error, with regard to the action of mercury on children; it is, that they are less susceptible to its constitutional action than adults. This has arisen and is solely based on the fact that young children are rarely if ever salivated, while all other physiological effects are ignored. My opinion is, that in young children the constitutional effects, if any, are more readily produced, and that injurious results are more rapidly brought about. We have not salivation as a guide, but take another index, one that can be readily observed. In syphilitic eruptions in children. I have frequently seen very decided results in six days, from the use of a grain of gray powder night and morning. Here there is an effect from less than twelve grains. It is a therapeutic action, no doubt, and one therefore which may be evinced before physiological effects, but yet indicates that the constitution has been brought under its influence. A smaller amount, however, if otherwise given. will produce very perceptible influence on the economy. The first of the morbid effects of calomel, says Dr. Clark, is a state of pallor. feebleness, sickness and fretfulness, with green mucus evacuations. These symptoms are frequently referred to as the infants' malady, real or supposed. They are in fact, the usual, the natural effect of the drug. Dr. Lewis Smith remarks, calomel when administered daily, has a very depressing effect; and Dr. West, referring to its employment as an alterative and laxative says, "there is no doubt but that used with either of these objects, it is a remedy of great value, and the objection to its employment is not that it fails to procure the desired end, but that it answers them at a greater expense to the constitutional power than was necessary."

Other remedies exert an alterative action over the secretions, without that depressing and irritative influence which attends the use of mercurials; much of the depressing influence may be avoided by a careful administration, and other effects are to be looked for in determining its action. The most important of these is the production of anemia.

The most extreme case of this kind was that of a child at the hospital for sick children, when for some indefinite reason, the medical attendant had prescribed one dozen powders of gray powder, containing one grain each; these were all administered, but as the child was still ailing, they were repeated by the parents, without consulting the doctor; and a third dozen had been got, but not given, when the child was seen. I have since then watched the effect on other childdren, and now regard anemia as a most important symptom to be watched for in the administration of hyr'g for constitutional affections of children. If then we take the depressing influence of mercury, and the production of anemia, and not salivation, as our tests for the physiological action, we may affirm that children are just as susceptible to its action as adults, if not more so. So much as to its baneful effects. I turn now to its employment in intestinal derangements, and select one of the least complicated class of cases, viz: where an otherwise healthy child is suffering from constipation, and is passing white, chalky motions, all are agreed that such a condition is the result of imperfect digestion and the absence of bile in the intestines. I have treated such with mercury alone. The results have been sometimes no change in the character of the motions, but considerable griping and pain. When further action occurs, the bowels are more freely moved, softer in character, and mixed with green. Finally, the appearance is entirely changed, and the mercurial motions are obtained,

which continue for some days. Stopping the remedy in the favorable cases, a return of the evacuations takes place, but very gradually and seldom without some other remedial agency; while in the unfavorable, the old chalky stools again appear. To others, I leave to explain as they like, the nature and cause of the green evacuations. Whether from the coercion of some tardy flowing bile from the gall bladder or not, certainly, when we consider the result of the explanations, and of the successful cases, the frequent failures, and necessity for other remedial agents to establish a cure, there is really no evidence of any special action in such cases on the function of the liver, which can in any way controvert the results of the physiological experiments. A dose of castor oil, and regulation of the diet, will in many cases suffice to bring about a more speedy result than can be obtained from the use of the hyr'g alone. When compared with other remedies which have a supposed action on the liver, as rheum and phos. soda, its action is far from satisfactory. Its cathartic action alone, by unloading the bowels and freeing the circulation, is quite sufficient to explain the results.

Jaundice in children might also be referred to, but it is unnecessary to discuss in detail, as it is an affection which yields to the very simplest treatment, and entirely without mercury. There is another class of cases which go against mercury very strongly; it is when there is a diarrhea with copious white, watery evacuations without any indication of inflammatory action; in these it is apt to produce its irritant action, changing the color to green, but without any improvement in the child's condition; in fact, it is not the liver that is primarily at fault, and even did minute doses produce beneficial effects. I should ascribe its effects to its action on some other organ.

The employment of mercury, therefore, to my mind, must be based upon other reasons and for other ends than a direct action upon the biliary secretion. To best determine what these are, we must look to other actions than those we have mentioned. Although physiological experiments have not proved just how and in what way it operates, that is no reason why it may not be used after the manner of a rational empiricism. In obstinate and protracted retchings of a bilious attack, I have seen the vomiting arrested by a few grains of calomel in sugar, laid on the tongue and swallowed, when other remedies had failed, being at once rejected; also in cases of vomiting with robust children where it is protracted, the bowels confined and

no tendency to irritable mucus surface. This seems to be a sedative action, but must not be taken as identical with that spoken of by some writers, where it is given in small and repeated doses. Vogel remarks in dyspepsia caused by abnormal irritation of nutrients, the child is to be kept upon strict diet for some days, nothing but mucilaginous broths, &c.; and then goes on to say, "calomel in one-eighth gr. doses, given two or three times daily, exercises an extremely beneficial effect upon such an irritable mucus membrane; it produces a few green evacuations, the tympanitic abdomen becomes smaller and softer, rest and sleep follow, and the child begins to digest again." This is one of the errors medical men fall into; the diet is regulated, the cause of the ailment in all probability removed, but the credit is given to the drug. It is certainly surprising to find Vogel making such a statement, when on the previous page he clearly states that "the whole basis of treatment depends upon strict diet, or the deprivation of food, as rest in general, and of the diseased organs in particular, forms the first principles of therapeutics." The irritable condition for which calomel is given needs more accurate description than merely dependent upon "abnormal irritation of the nutrients." As I have never prescribed it in such cases, or in any other form of irritable mucus membrane, I simply question its utility, and ask for greater accuracy in description regarding the cases where it is of service. Combined with opium it is often given in inflammatory affections of the bowels, but the good effects may so justly be referred to the opium alone, that I shall not enter upon this method of its administration. As an aperient in habitual constipation, there is no defence for calomel; but as a purge given once or twice, with some definite reason for its use, there can be no objection. In times past its supposed action on the liver seemed a rational explanation of its use, and, although we are now told this is a delusion and a snare. experience is in no way affected thereby, and mercury may still be employed to the decided advantage of our patients. In infantile syphilis, I have the greatest confidence in it; cases do recover under other treatment, but it does not follow that all would equally do so. nor is it certain that the cases so treated have recovered so rapidly. Whilst I would greatly limit the use of the medicine in intestinal affections. I believe that the outcry against it has caused us to overlook some of its beneficial effects when addressed to the constitution in general, and have become too timid in its employment where it is not

only perfectly safe, but possessed of greater power than any other article in the pharmacopeia. Dr. Hellyer, speaking of it in connection with diphtheria in children, says, "some of the worst cases in which recovery has occurred, calomel has been the remedy; it is not a drug to use indiscriminately in all cases, but only to children of moderately good constitution, and to cases in which the exudation is firm and thick, or causing laryngeal obstructions with sthenic symptoms. Experience shows me that where I have signally failed to produced change in some morbid action by the use of the iodide potassium or other preparations of potash, I have succeeded with the use of mercury.

Case 1st. A lad had some thickening of the head of the tibia, with effusion into the head of the knee joint; a previous attendant had administered acet. pot. and blisters to the part. I gave iodide pot., renewed the blisters, bandaged the knee carefully, and enjoined absolute rest, but with no improvement. The patient was not strumous or rheumatic, but by carefully sifting the family history, I got sufficient evidence to assure me that he might be syphilitic. I gave gray powders, and in a very short time the lad was walking about, and the thickening very much diminished.

Case 2d. A girl with an eruption resembling psoriasis, but the scales were found to be readily separable from the akin, very much like a crust; underneath there was a moist red surface, but without ulceration. She had been treated with iod. pot. and arsenic, but no effect; she was then given bichloride hyr'g, which was soon followed by a steady and rapid improvement. "No evidence of syphilis in this case."

The opinion with regard to the action of mercury in such cases is that the good effects are obtained not by its "operating on the blood," but by a direct effect on the cell element of the tissues themselves, stimulating their action in the various transformations through which they normally pass; that it has such an influence, can readily be observed by the eye, when employed in the treatment of condyloma, chronic impetigo, ulcers and the like. This is the first action of the remedy, which, if carried further, may pass the physiological line to the pathological, producing proliferation of the cell elements, and degeneration of the ultimate products.

It is to the first action alone that its use should be limited, and thus employed. I regard it in power as second to none in the pharma-

copeia. Its use, however, as such, should be as the spur or whip to stimulate, not to punish, to be given for a short time only, to be renewed occasionally if necessary, not to be continued throughout the whole course of the disease. To obtain its good effects, however, and te run no risk of harm, it must not be used indiscriminately. The state of the constitution must be considered; no marked cachexia must be present; the nutritive power of the tissues in general must not have been lowered by previous disease, they must still have retained their natural tendency to normal nutritive changes, otherwise the stimulus of the mercury may hasten the degenerative process. To note the character of the constitution, in making our observations, is too much neglected. It ought always to be a point of careful considation; and my opinion, so far as mercury is concerned, is, that it manifests its good effects in the sluggish constitutions of the strumous and syphilitic diatheses, much more than in the active cellular transformation of the tubercular class, in which its depressing and irritating effects are much more readily produced.

In fact, it is in the constitutions which are most liable to those external affections where mercury is of service, that we are most likely to find internal morbid processes which are amenable to the internal use of medicine. Thus far and no further, would I theorize; not that its action is thereby explained, but a distinct line drawn, for our guidance in its use. From the above, then, let us draw the following conclusions:

- 1st. That mercury may be used to influence the constitution with perfect safety, and without any injurious effects upon the general health.
- 2d. That to obtain its therapeutic action, it is not necessary to produce its visible physiological effects, and that it becomes injurious as soon as these are manifested.
- 3d. That in children its injurious effects are as readily produced as in adults, if not more so; and that such must be looked for, not by its action on the mouth, but in its depressing influence and deterioration of the blood.
- 4th. That it should be used only so far, and with the object of stimulating the nutrition changes of the tissues, not the character of constituents of the blood; and that as such it should be used as a whip or spur only, that is, occasionally, and at intervals, not continuously.

5th. That its use in modifying acute inflammatory action is very limited, and requires further observation; but that there is no question as to its power over the products of inflammation, in starting the process of resolution and absorption where these have been arrested.

6th. That no number of cases improperly treated with mercury, no number of constitutions shattered by its abuses, no number of instances where cases have been cured without it, can in any way invalidate the results of its effects when it has cured when other remedies have failed, or lessen in any measure the position which I here defend, of a judicious use of the medicine.

It remains for me only to refer to the method of using mercury in the affection of syphilis in children, for my opinion is that its power over the diseased nutrition cannot be dispensed with, and is second to none, and I never care to treat a case entirely without it. It is to what extent should it be employed, that I would refer. Here you will find a difference from the general idea or mode of practice. What we can influence by mercury is not the syphilitic diathesis, but merely its pathological results.

The former never can be eradicated; but when diseased action occurs, that can be modified, and mercury aids in the return of a healthy action, but that attained, the continued use will never eradicate the pathological tendencies, which are inherent in the character of the constitution.

Mercury will cure the syphilitic diseases of the first year of life; but no extent of its use at that time, will lessen the tendency in after years to interstitial keratitis, or any later manifestation of the taint. Its use, therefore, as I have before said, be the whip or spur, while we follow up its action by other and safer means. I do not, therefore, continue its use after every manifest action of syphilis has disappeared, as recommended by *Diday, but stop whenever improvement is manifested, and change to soda et pot., iod. of iron, or cl. pot. which are most valuable remedies, but alone have not the same power as when combined with mercury. Under their use the symptoms may return, but the spur can again be applied; and in this way I have found that a fortnight's use of one or two grains of gray powder daily, is sufficient at any one time, and the longest period I consider it safe to continue it without interruption, or even less dose if it proves irritating to the intestinal mucus membrane.

^{*} Diday on syphilis, page 262.

BURLINGTON COUNTY.

To Chairman of Standing Committee, &c.:

In the varieties of the diseases of the year, and their treatment, I have nothing unusual or new to record: neither has the amount or the severity of the cases been greater or more grave than customary. very little faith in topical applications, internally applied, in malignant sore throat. Believing this disease to be zymotic, depending upon a malignant state of the blood, and the throat affection subsidiary to and dependent thereon, the local affection should be reached by attempting the removal of the zymotis. Moreover, with infants, their resistance counteracts the supposed good effects of topical applications by instrumental aid. But there are medicines which act constitutionally as well as locally, such as guiacum, potass. chlorid., tinct. ferr. perc., quinia, &c. A mixture of two or more of these I prefer, for constitutional treatment, while at the same time the act of swallowing causes them to act topically. Externally, the topical applications I prefer, are warm cataplasms. I accord entirely with Dr. Townsend in regard to the infrequent occurrence of diphtheria, and the frequency with which the name constitutes the stock in trade of the charlatans. I believe the powers of calomel have been very much overrated. I rely upon it in some infantile cases as a febrifuge; in oft-repeated and minute doses in acute gastritis; in ervsipelas; in dropsies to increase the powers of the diuretics; in some functional affections of the liver; sometimes in inflammations of the serous tissues; and very often at the beginning of some diseases, combined with purgatives.

S. C. THORNTON, Reporter.

Moorestown, May 1st, 1876.

COMMUNICATION BY DR. STANLEY G. CLARK.

In answer to question 1st, founding my opinion upon my experience with over a hundred cases of diphtheria, since last July, I am led to the conclusion that topical applications are of undoubted value in the treatment of that disease. I think, however, that the agents employed should be of a mild, soothing, and gentle astringent character; strong applications of argentum, the mineral acids, &c., being of a doubtful propriety, if not positively injurious. Granting the theory that diphtheria is a general and not a local disease, and so will not yield to treatment until the system has been properly acted on, still, by keeping in check the extensive inflammation and consequent swelling that is apt to occur in the nasal passages, pharynx, &c., by means of local applications, we gain time for the effect of internal remedies and prevent that rapid prostration that is likely to take place from insufficient oxygen and consequent impurity of blood. Patients treated by me with external applications to throat, and without any appliance whatever, seemed to do equally well. Although a large number of deaths occurred in the district alluded to from malignant sore throat, I have been so fortunate as to lose but three cases.

In regard to 2d query, although, perhaps, not using calomel in my practice as much as many medical gentlemen of the present period, the reason for which perhaps it would be difficult to find an explanation; possibly, the force of example, or a desire to be fashionable, in discarding a good, old and reliable remedy for some new article of the journals, the virtues of which are ascribed to be magical, with which I desire to become acquainted; but, to say but little, upon a subject upon which so much might be said, or upon the virtues of a remedy upon which so much has been written, in the language of Dr. Headland, "It is the very prince of that class of remedies, unfortunately too few, that are capable of entering the system, of grappling with a disease of the blood, and of coming off victorious in the struggle." I am accustomed to use it, and rely upon it, in all those morbid conditions requiring an efficient hepatic stimulant; in verminous affections of young children; in some cases of cholera infantum, combined with chalk and opium; in primary syphilis, in which I regard it as the "sheet anchor of hope." I have, on occasions, allayed obstinate vomiting, when no other agent seemed to be effectual; and I may say, in conclusion, that I regard it as a remedy that has given me satisfaction in very many morbid conditions.

TUCKERTON, April 26th, 1876.

COMMUNICATION BY DR. A. ELWELL.

I use ice in malignant scarlet fever, both internally and externally; also tr. ferri. mur., and sometimes paint the fauces with oil capsici. In diphtheria I use frequently a solution of sulph. hydrastin, applied with camel hair pencil; sulph. zinc. as a gargle; potass, chlorat, on the tongue dry, coming in contact with the fauces in the act of deglutition. In the use of calomel, I rely on it in diseases such as pneumonia, catarrhal fever, pleurisy, &c.; some diseases of the eye; syphilis; gonorrhæa in its acute stage; also, in some diseases of the brain, spinal chord and their coverings.

During the summer we had a great many cases of cholera infantum and diarrhea of children, and some few cases of dysentery. Intermittent fever we had in great abundance, so much so, had there been no other diseases to treat, we would have been kept busy with that alone. Most all the children sick with other diseases gave evidence of intermittent tendencies. During the winter hooping-cough has been very prevalent in our vicinity, and when not complicated with pneumonia or catarrh, gave us but little trouble; but in many cases this complication existed, and then it required our best efforts to get our little patients safely through. This spring has brought with it many cases of pneumonia, many of a typhoid character.

November 27th, 1875, I was called to Walter Norcross, 28 years of age; had been suffering from tape-worm for about one year; has seen about eighty-five feet of it. But to the case: I found him in convulsions, and between 9 o'clock P. M. and 10 A. M. the next day, he had had thirty-three convulsions; took about zvi. blood from the arm; gave him bromid. potass. grs. xx.; and tr. virid. gtt. iv. every three hours. I had forgotten to mention that he was dropsical generally. I gave calomel, squills and digitalis. In about three weeks he walked out, and was apparently as well as ever.

March 25th was called to him again; found him much the same as before, and in about the same length of time he had thirty-one convulsions; treated him as before, and on the fifth day of his illness

discovered on his face, scalp, chest, front and back, an eruption resembling very much varioloid. As there was small-pox in our vicinity at the time, I cautioned them, at the same time telling them that this eruption might possibly be occasioned by the bromide. Our County Medical Society met at Mt. Holly about that time, and I gave the members present a synopsis of the case and treatment, and asked the question, Will Bromid. Potass. produce such an eruption? Dr. Jos. Parrish, of Burlington, said it would; he had seen many cases of it in the institution over which he had lately had charge. No other member had seen such results from its use. My patient is again apparently well.

VINCENTOWN, N. J., April 24th, 1876.

Poisoning by Oil of Tansy.

BY DR. R. E. BROWN.

On the morning of the 21st of February, at 10½ o'clock, I was called in haste to see a lady by her husband who informed me that when he went home he found her lying on the floor in the sitting-room, unconscious; he took her up and laid her on a lounge near by I answered the call immediately, and learned the following:

Mrs. G., aged 24 years, mother of three healthy children, the youngest fifteen months old and nursing, had experienced for several days past symptoms of approaching catamenia; she related the same to a lady friend, who advised her to take a few drops of the oil of tansy to assist nature in starting the secretion, which she concluded to do, as she had on two previous occasions taken about a quarter of a teaspoonful of the oil at each dose; and, accordingly, at 71 o'clock on the morning in question, she poured into a small wine-glass three teaspoonsful of the oil of tansy, and swallowed it at one dose. After taking this heroic dose, which was half an hour after breakfast, in less than ten minutes she became so giddy and so cold and numb that she took to the lounge, and does not remember anything until about ten minutes after I reached the house. No one was in the house at the time excepting the three little children. Remaining in this condition for three hours, there is no doubt but what she had several convulsions; how many no one knows, and in one of them had rolled off on the floor, where she was found as already stated. I found her in a comatose condition, head hot, extremities cool, respiration somewhat difficult, pulse about 95 per minute and irregular, face swollen, pupils somewhat dilated. I directed warm applications to the feet and extremities, and applied cold water freely and vigorously to the head and face, when, in the course of ten minutes, she regained consciousness sufficiently to swallow. I then gave her large draughts of warm water, as much as I could get her to swallow, and in less than five minutes it produced copious emesis. In the course of a few minutes I repeated the draught of warm water, and it had the same effect as before, rendering her quite sensible. I then ordered a cup of strong coffee, which she rejected in about fifteen minutes. After awaiting about fifteen minutes longer I gave her the second cup of coffee, and this she retained. The extremities had now become quite warm, the breathing more free and natural. She complained of pain in the head and seemed quite nervous. I now ordered her bromide of potassa with elix. valerianate of ammonia, with a view of diminishing the pain and to quiet her nervous system; then left, returning in about six hours, when I found her more comfortable, pain in head not so severe, and was not so nervous, skin moist and warm; ordered her to have warm gruels or broths, little and often. Saw her the next morning at 9 o'clock and found her much improved, although complains of dizziness when she attempts to sit up; pulse 80 per minute; pupils nearly normal; breathing freely; does not complain of any pain or burning sensation in the stomach. She continued gradually to improve and made a good recovery from the severe illness, with the exception of impaired vision of the left eye. Mrs. G. had previously enjoyed good health, and, owing to this fact, and swallowing the dose so soon after taking a moderately hearty meal, might to some extent prevented it from proving fatal. I might mention here that when I entered the room on the first morning of her illness, I could readily detect the odor of tansy, but much more so after vomiting. She tells me that she urinated very freely and often for several days after the beginning of her sickness, and could detect the odor of tansy in the urine for one week after.

I report this case as one of interest, from the fact of a recovery from so large a dose, as a case has been reported where a girl had taken a teaspoonful of the oil of tansy in mistake, and died in one hour after.

MT. HOLLY, N. J., April 25th, 1876.

COMMUNICATION BY N. NEWLIN STOKES, M. D.

I have learned to rely upon topical remedies in malignant sore throat of scarlet fever and diphtheria, as valuable aids in the treatment of these diseases. I generally use carbolic acid and glycerine, about twenty drops of the acid to the ounce of glycerine, and apply twice a day, first cleansing the throat as well as possible with cold water. The antiseptic powers of carbolic acid are great, and several apparently desperate cases have terminated favorably with this application. I use calomel as an indispensable agent in almost all inflammatory attacks that will not yield to opium alone; in biliousness (so called), in many skin diseases, both externally and internally, and to allay vomiting in cholera infantum, &c. While this remedy requires care in its administration, yet I have no sympathy with doctors who profess not to give calomel, and believe such to be dishonest in their assertions, or unsuccessful in their treatment. It may be too much to say that I would give calomel in all inflammations, such as anginose affections, &c., but in the majority of them, in alteratives doses, I am partial to its use.

Moorestown, 4th month 21st, 1876.

COMMUNICATION BY DR. TOWNSEND.

The past year has to us presented nothing of peculiar importance, except in some few individual cases, although we were kept comfortably busy most of the time. Topographically we are peculiarly situated, having really but half a practice in territory, the Delaware cutting us off on one side. Out from the river we seldom travel far enough to get out of the sandy soil into any alluvial upland or low-land deposits; hence all of our patients, through the extent of our semi-circuit, are subject to the same topographical influences, except elevations.

As to the amount of rain-fall or humidity, we are curiously influenced by our location. Storms coming from the west and northwest, are frequently diverted from their course, both by the river and Rancocus creek, which empties itself into the Delaware about three miles below Beverly; so that frequently in summer we are suffering with drouth and dust, when our neighbors over the river, or below the creek, are having frequent rains. This causes quite a difference

in the character and type of diseases prevailing in the different sections. Geologically considered, our locality presents no variety, except alternate and parallel belts of sand and gravel clay, running from south-west to north-east until they strike the river. On the sand belts, wells running over twenty-six feet deep, strike marl and yield hard water; on gravel belts the water is soft at all depths. These variations of course influence not only diseases but remedies.

We have had no epidemics the last year, except measles and hooping cough. In the treatment of the last, when coming under our care, we have succeeded best with fld. ext. castanea, tr. belladonna and chloral.

During the fall and winter, bilious remittent and intermittent fevers prevailed to some extent, with a few cases of typhoid of a low grade during the winter. During this spring, we have had a great number of cases of what seemed to be an epidemic catarrh, affecting the nose, throat, frontal and maxillary sinuses, and extending in many instances to the eustachian tubes and ears, always attended by a severe spasmodic cough, and in many cases complete aphonia. A few only presented pneumonic symptoms. In all the cases, the tonsils were swollen, uvula elongated, and the throat congested, but very seldom ulcerated.

I have seen no cases of diphtheria, or anything resembling it, although our homeopathic men report a great number of cases, with miraculous cures.

I have seen several severe cases of pleurisy within a few weeks, which yielded gracefully to verat. viride and warm applications.

In the way of new remedies I have nothing to report, except to add to the authority of more experienced men in the recommendation of milk in typhoid fever, used ad libitum in all stages of the disease. This is hardly a new remedy, but rather a diet in my experience more important to the speedy convalescence and sound recovery of the patient, than the enormous quantities of beef essence and stimulants mostly given. The essence made from three pounds of beef, often given in twenty-four hours, is more than a healthy stemach ought to be expected to digest.

In answer to the queries of Standing Committee, I would say first, that while having very little experience in malignant sore throat, I rely entirely upon local or topical remedies in all forms of ulcerated throat, together with the application of cold cloths externally.

2d. While I use calomel in all cases of partial congestion, or irregularity of the liver, generally combined with blue mass, and podophyllin or aloes, I very seldom use it uncombined, and cannot say that I ever rely upon it any further than for its action upon the liver.

BEVERLY, April 23, 1876.

COMMUNICATION BY DR. R. E. BROWN.

Topical remedies in malignant sore throat are very useful, but I could not rely upon them exclusively. Salicylic acid in solution, as also the chlorate of potassa, with tinct ferri chlor in solution, and used in the form of gargles, with tonics when indicated, and good nourishing food, has proved of more value in my hands than most other remedies; but as we have to vary our remedies to suit the particular conditions of the case, I do not adopt this course of treatment for every case. I believe calomel to be a valuable therapeutic agent in combination with other remedies in the treatment of some of the diseases of the brain and liver, when an active purgative is required—in heart affections consequent upon rheumatism, and as a topical remedy in some obstinate skin diseases.

During the months of July, August and September, I had a number of cases of typhoid fever of a somewhat peculiar nature. The course of the disease was more rapid than that of ordinary typhoid fever that I have noticed. The attack would commence very much the same as an ordinary intermittent, when in the course of four or five days, perhaps longer, it would assume that of a typhoid form, the emaciation being very rapid, and a tendency to diarrhea, with considerable tympanitis, and delirium; these symptoms would last with greater or less severity from three to five days longer, (there would not be constant delirium that length of time), and then would begin to convalesce, and in the course of two weeks from the beginning of the attack, although debilitated, would be able to go out in the open air.

The majority of my cases occurred in children over four years of age. The treatment consisted in the use of sulph. quinia in antiperiodic doses, liq. potass. citrat., with spts. ether nit. for the first few days; and as soon as emaciation set in, vegetable tonics, milk punch, nourishing broths, &c. Checking the diarrhea with astringents, chalk

julep with tinct, kino; this treatment in most cases proved satisfactory.

These cases are confined principally to one locality on one of the streets in the south-eastern part of the town. I could not trace its cause, unless it was the low meadows that were in the rear of this street, and which were at times overflowed by high tides, allowing the water to remain there a sufficient length of time to become stagnant.

Mount Holly, N. J., April 24, 1876.

COMMUNICATION BY DR. THEOPHILUS PRICE.

1. The value of topical remedies in malignant sore throat? (diphtheria of course.)

Ans. I would hardly dare treat a severe case without. Formerly, I used strong solutions of nitrate of silver, and I am not convinced that I have found anything better; but I now use weaker solutions, seldom exceeding 20 grs. to ounce whenever I use it; but in later years I have used tr. ferri. chlor., \(\frac{1}{2}\) or \(\frac{1}{2}\), combined with honey or syrup. It tans and shrivels the pseudo-membrane, and apparently modifies the morbid action favorably. The objection to its use, is the disagreeable taste and supposed acid reaction on the teeth.

The greatest drawback to the use of topical remedies, and apparent uselessness of them, is, probably, owing to the failure of nurses and care-takers of the sick, to properly and skillfully apply them. If the practitioner could see that the membranes were touched every time, success would be greater. Of course, these suggestions only apply when the false membrane is in reach.

I am old-fashioned enough to apply weak mustard plasters, or slightly irritating poultices to the throat, externally, to maintain moisture and irritation, but never to blister.

I have used ice carefully in a few instances, but confess to a want of courage, to depend on it.

2. The morbid conditions in which I rely upon calomel as a therapeutic agent?

Ans. Almost none. I use it combined with opium, in bilious and mucus diarrheas, and in dysentery; sometimes in hepatic affections; seldom in fevers; never as an antiphlogistic; very seldom as a direct alterative; very seldom as a purgative.

The past year has been one of general health along the shore. No epidemic has invaded this section of Burlington county, except the recent visitation of epidemic catarrh. At Bass River, however, six miles distant, a fearful scourge of diphtheria has prevailed during the greater part of the winter and spring.

Dr. Reeves, the practitioner in that neighborhood, has treated, probably, 150 cases. It is estimated that 25 per cent. of the population of the infected district was affected with the disease, in a greater or less degree. The mortality probably reached 10 per cent. of those affected. It is remarkable that the complaint should have shown so much virulence, and remain confined to so small an area; all the cases having occurred within a territory not exceeding six miles square. I am not aware of any decided cases in Tuckerton. The population of the infected district will not exceed 800 persons. Dr. Reeves thinks that evidences of contagion are quite clear.

An epidemic catarrh has been our only severe complaint during the winter; exhibiting the usual symptoms; running its usual course in two or three weeks; but prone to relapse, and showing quite a tendency to laryngeal congestion. Croupy cough and dyspnœa, with pain in the larynx and trachea, were frequent symptoms in the earlier stages.

Tuckerton, N. J., April 19, 1876.

CAMDEN COUNTY.

To Chairman of Standing Committee, &c. :

Your reporter from Camden county has not been able to gather as much material as he could have wished; owing to the fact, that but one of the members of the Standing Committee has sent in any report, namely, Dr. Snowden of Waterford. Therefore the report must necessarily be implenary, and can not cover the whole of the county, as we could have desired.

In the city of Camden, and vicinity, we have had during the past summer, and more especially in

the month of August, more than the average amount of rain; in fact, the meteorological reports of the United States show an unusual amount of rain-fall throughout the Middle and Eastern States, during the same period. Notwithstanding this, the reduction of the temperature was not so great as might have been expected from the frequent rains; but we think that the exegesis lies in the fact, that the nebulæ which encompassed the earth, offered a serious obstacle to the heat waves, from passing unopposed into the illimitable space; but reflected many back again to the earth, producing a condition of oppressiveness which was felt, very sensibly, by the aged and very young, and those who possessed enfeebled constitutions. Taking all conditions into consideration, we could not complain of any very severe endemics nor epidemics; although, throughout the whole year, those two mortal enemies of the children, scarlatina and diphtheria prevailed, but not to an alarming extent, save and except in a few cases which put on a malignant type, and marched on to a fatal conclusion, in spite of all medical agency. Some hooping cough prevailed in the early part of summer, and also a few cases of enteric fever, throughout the whole year: but nothing in their character worthy of special note.

There was no great amount of intermittent nor remittent fever, owing, perhaps, to the rapid improvement in paving our streets, and filling up the low places; and, with the exception of the rather unusual amount and threatening nature of diphtheria and scarlatina, the past season was not a very sick one.

As autumn approached, diphtheria seemed to get the advantage of its companion, and presented, in many instances, quite a malignant character, although it

generally yielded to early and energetic treatment; vet in the city of Camden alone, there were about seventy deaths, making one to every five hundred and seventy-two-allowing our population to be 40,000 The remedies which your reporter inhabitants. generally made use of in the last named disease, were internally, tr. of the chloride of iron, chlorate of potassium, quinine, wine-whey, milk-punch, egg-nog if necessary, &c. Topical remedies most relied upon, were iodine liniments and steaming with lime-water, every quarter or half hour; this should be continued until the diphtheritic effusion has detached itself, and the respiration is decidedly improved; when it may be gradually discontinued, but resumed again if there should appear the least symptoms of dyspnæa. treatment above recommended has proven so satisfactory in the hands of your reporter that he believes it to be worthy of careful trial.

My friend, Dr. Branin (of Blackwoodtown), informs me that he has used in diphtheria, as a topical application to the throat, the solid stick of nitrate of silver, with the happiest effects. This, of course, may appear plausible, when we take into consideration the possibility of the disease being a local one in the beginning; but, in a report like this, the pathological nature of disease cannot fairly be discussed. In respect to the treatment of scarlatina, we will only mention one topical application, that is, the steaming of the throat with lime-water, in all anginose cases, as the condition of the throat in this disease is very similar to that which occurs in diphtheria; hence, what will benefit the one, will also benefit the other. In many of the cases of scarlatina, we had the common segula, dropsy, following them, which generally yield-

ed to the iodide of potassium and bromide of mercury; although in some cases it would not, but required other remedics more potent in their diuretic and diaphoretic properties. Recurring to the enteric or typhoid fever, we embrace this opportunity of asserting that we have treated it according to the American system of practice. As we have not, as yet, a sufficient amount of confidence to adopt the heroic plan of the German pathologists, which is in giving enormous quantities of quinine in an extremely short length of time, with a view of reducing the temperature of the body more rapidly, as they assert, than by any other mode of treatment; if it can, by a successful competition with the American mode of treatment, prove itself superior, then we will gracefully bow and acknowledge its virtues.

About the middle of February, variola made its advent into our city, in a locality wherein the typhoid fever was then prevailing, opposite to which a culvert emptied its noxious and organic contents on a large marsh. From this source, we believe, the "contagium virum," or the living disease germs, had their origin. All the cases of typhoid fever which your reporter met with, except two, were found here, and all the cases of variola which we had the misfortune to see, were also found here. Now we do not wish to be understood to say, that in this place was the origin of variola, but we do pretend to say that the close proximity of the place wherein these two diseases were first found by us, where these immense quantities of organic matter were deposited by the culvert, shows a close relation between putrefaction, fermentation and zymotic diseases.

It will be understood that we do not presume to

give the cause of any disease, for the real causes of phenomena escape us. In sound philosophy, the word cause should be reserved for the divine impulse which formed the universe. We can detect only correlations. One phenomenon succeeds another, and can not exist without its manifestation; by abuse of language we then say there is relation of cause and effect.

Whilst we are dwelling upon this phase of the question, we might as well notice the condition of our Now it is pretty well known to every observing mind, that it is not so favorably located as those cities which are on more elevated sites, hence its drainage must be more or less defective, and it is. Therefore, it is our opinion, that in a place so level as this, and all parts of it, being so little above the common water level, that the attempt to drain the immense quantities of organic matter which must necessarily accumulate constantly, by small culverts, many of which run nearly north and south for considerable distances, and not directly into the river, must necessarily prove a failure. It is also well known to every observing physician in Camden, that many if not all the culverts in the city, are partially filled with earth and organic matter which are never washed out at any time thoroughly by the rains; therefore, they become the source of infection, and the inlets which are constructed for the purpose of draining off the surplus water from the streets, become the foci of infection, and the frightful source of many if not most of our zymotic diseases; and also the source of our water supply is poisoned by the drainage of six large cities, depositing tons of organic matter into a tidal stream which ebbs and flows to and fro and spreads its noxious contents on either shore and on the marshes, to become the matrix in which the germs of zymotic diseases are engendered. And strange to say at this enlightened day, it is from such a source that we are now drawing our water supply. Is it any wonder, then, (all things considered) that we have prevailing all the year round, zymotic diseases?

These truths are sufficiently apparent to all candid men, to create a feeling of surprise in every intelligent physician's mind, at the general apathy of the people toward things which so vitally concern their temporal existence.

In the language of "the Builder," we might properly exclaim:

"Our drains! our drains! our death-dealing drains!
Choked up, with no outlet for rotten remains;
Chronic hot-beds of typhoid, full of foul silt,
Reflecting our ignorance, proving our guilt,
And showing that we have been riding rough-shod
O'er nature, and morals, and maxims of God.
For pure air and water, in cities and plains,
Spell health, if we keep right our dwellings and drains."

During the winter which has passed, we encountered a few cases of asthenic pneumonia, which rapidly tended to a typhoid condition, and in which early stimulation was urgently demanded. No other peculiarity was discerned in their character.

And now, owing to want of time, we shall have to pass by the chronic diseases, as they take up much of our time in their description.

In conclusion, we will give, as well as we can, an account of one very interesting special case.

We were summoned on the third of January, 1876, to attend a Mrs. B., of the city of Camden, aged

about 48 years. On first appearance we were led to believe that she was either pregnant or suffering from dropsy, but after more careful examination, we could distinctly feel a large, hard tumor above the pubis, and to the right of the abdomen. There was also a large quantity of fluid in the cavity of the peritoneum. Carefully continuing the examination through the vagina, the tumor was found to be attached to the uterus. The uterine sound could be passed into the organ the ordinary distance, showing that the tumor was not intramural, but subperitoneal, and seemed attached to the right walls of the uterus. that time the tumor appeared to be about 8 inches in diameter, very dense and round, and so situated as to make the removal of it by an operation very precarious and problematical. After having had two consultations, one with Prof. Agnew, and the other with Goodell, both confirming the previous diagnosis—that the tumor was a subperitoneal fibroid, and could not be removed without in all probability proving fatal to the patient, no other course, then, was left to us. but to continue the medical treatment. Therefore, we decide to commence at once, with hypodermic injections of some preparation of ergot, and in view of the painful and irritating effects of ergotine, we caused to be prepared a pure aqueous extract, which was used daily, hypodermically, without producing but very little local irritation and no abscesses at all. continued its use up to the present time, with marked effect upon the tumor, as it appears now to have been reduced at least one-quarter of its original size, but still not sufficient to prevent abdominal dropsy. Owing to the mechanical obstruction of the circulation of the blood, from the great size of the tumor, a pale straw colored fluid collects in the peritoneal cavity, very rich in albumen; and to get rid of this fluid, which accumulates very rapidly, it becomes necessary to have frequent recourse to paracenticis abdominis. This operation has been performed ten times since the 3d of January, 1876, and over two hundred pounds of fluid taken from the abdominal cavity. After each tapping, the patient feels very much relieved for about two, and sometimes three weeks, or more, when it becomes necessary again to perform the operation.

Notwithstanding the immense quantity of albumen, which necessarily must have been drawn away in the several tappings, there has not been so much emaciation as naturally might have been supposed, and the patient is able to be around the house, and attend to some trifling domestic duties, and, perhaps, may live for many years.

J. M. RIDGE, Reporter.

CAMDEN, May, 1876.

THEORIES OF FERMENTATION.

Liebig and his followers maintained that the agents which produced fermentation were certain decomposing albuminoid substances. That when these were placed in a fermentable fluid, by the motion of their atoms during decomposition, they excited a movement of decomposition among the atoms of the fermentable material, thereby occasioning the splitting up of its molecules, and the formation of new compounds. During this process, the ferment neither took anything from the material, nor added anything to it; the decomposition being effected solely by the atomic motion of the particles of the ferment. Certain microscopic organisms which had frequently been observed in fermenting fluids were held to be only incidentally present, the process taking place quite as well without them. Thus, by this theory, fermentation was a correlative of death, being an oxidation or decay.

Pasteur, on the other hand, holds that the phenomena of fermentation are correlative with life; every process of fermentation (properly so-called) being effected by the growth and multiplication of characteristic organisms; and that no such process ever takes place without an incessant development of living cells, which grow and multiply by consuming a portion of the fermentable material; the two phenomena, viz: the chemical change, and the organic growth, commencing and ending simultaneously. His experiments have shown that free access of air cannot induce fermentation without the presence of these organic germs.

The fact that organisms of the same class are constantly present in certain infectious diseases has led to the belief that they bear the same causative relation to those diseases as the organisms of fermentation do to those processes; or, in other words, that each infectious disease is produced by a specific organic germ.

Among the principal arguments adduced by the advocates of the "germ theory," are—

- 1st. The specific or uniform character of diseases of this class, their variation being only one of degree, and not of kind. This uniformity leads naturally to the conclusion that they are due to a specific or uniform cause.
- 2d. The permanence or durability of the disease-producing poison or germs; it being well known that they may lie dormant for years without losing anything of their potency, showing in this respect a perfect correspondence with the organisms of fermentation.
- 8d. The period of incubation, or the time that elapses between exposure to infection, and the manifestation of the symptoms of disease, corresponds with what may plausibly be regarded as the period of development of the organisms; whereas, if the morbific agent were an unorganized nitrogenous poison, it would be difficult to understand why it should not produce immediate effects; and it would also be difficult to conceive of its reproducing itself, as the infections generally are known to do—another respect in which they resemble the organisms of fermentation. It is strongly maintained by many observers that putrefying animal and vegetable matters, as sewer contents, &c., are incapable of generating typhoid fever, or any other specific disease, in the absence of the disease-germs; but that, by furnishing a most congenial habitat, in which the germs, when once deposited, can multiply to an indefinite extent, those substances become the chief agents in the propagation of such diseases.

The agency of the parasitic fungi in numerous diseases of the vege-

ble kingdom, as well as in those affecting certain of the lower orders of the animal, is generally conceded. In the disease (mentioned by Carpenter and other writers), known as pébrine, which prevailed among silk-worms in the south of France, causing an immense annual loss to the breeders, the bodies of worms strongly affected with the malady were found to be "swarming with minute cylindrical corpuscles, about 1-6000th of an inch in length." Pasteur, who carefully investigated the circumstances under which the disease was engendered, found that it was communicable to healthy worms by the transmission of these corpuscles, and that it could be checked and even exterminated by the adoption of proper measures to prevent their growth and spread. It was also found that the corpuscles could pass into the undeveloped eggs of the female moth, thus causing the hereditary transmission of the disease. It may not be considered improbable that researches of this kind may eventually throw some light upon the nature and mode of transmission of hereditary disease in the human family.

COMMUNICATION BY DR. SNOWDEN.

The summer of 1875 was particularly free from disease in this vicinity. Cholera infantum, which usually prevails on account of the bad management of infants among the factory people, was comparatively rare. There were a few cases of dysentery among adults.

Late in the fall, an herpetic affection of the throat prevailed, but not a single case of diphtheria. These cases were soon relieved by the internal use of chlorate of potassium, which seemed to have a better effect than the use of that salt as a gargle.

A number of fatal cases of diphtheria occurred in Berlin.

During the winter months, which were remarkable for warmth and dampness, diseases of the respiratory organs were exceedingly prevalent in Winslow, scarcely a family escaping; while the town of Waterford, four miles distant, enjoyed almost perfect immunity from such diseases.

In Winslow the water in the wells was within two or three feet of the surface of the ground, while in Waterford it was fifteen or twenty feet from the surface.

Much has been said of late in the "Journals" against the common opinion that unseasonable weather produces disease. The summer

was unusually cool, and it certainly had no deleterious effect in this part of the county; on the contrary we were unusually exempt from disease. The winter was remarkable for its high temperature, and in a favorable locality diseases of the respiratory organs were developed to an unusual extent, showing, that in suitable localities, diseases incident to the unseasonable weather may be developed.

I note a case of typhoid fever, occurring in a delicate hysterical girl, 20 years old, who, owing to excessive nausea, took neither nutriment or medicines by the mouth for four weeks. I prescribed injections of strong beef tea, made from Liebig's extract, and gave her medicines in the form of suppositories, with the result of a good recovery.

WATERFORD WORKS, March 10, 1876.

CAPE MAY COUNTY.

REPORT BY DR. V. M. D. MARCY.

The only epidemic that has visited our County for the past year, has been an influenza, so commonly called "the epizooty." We have been remarkably free from diseases of an epidemic character, and although we have had about our usual allowance of sickness, there have been only our epidemic diseases, and they of a moderate degree of severity. There has been some little scarlet fever, whooping-cough, measles, diphtheria, &c., but nothing approaching a respectable epidemic. The extreme mildness of the winter months, saved us from much pneumonia, rheumatism, &c.

As to the value of topical applications in malignant sore throat, I can only say that while I would not by any means depend upon them alone, yet would I as little discard them, believing them to have great value as an adjunct to constitutional treatment. Diphtheria is about the only form of malignant sore throat we have had here for the last fifteen years, and I am satisfied that topical applications are of great benefit. Of them all I have found nothing better than nitrate of silver and tinct. mur. ferri. After trying several other much vaunted applications, I have almost invariably come back to these old "stand byes," and rested there.

The morbid conditions in which calomel is valuable as a therapeutic agent, are so many and so varied that I know not where to begin. I must confess myself to be an "old fogy," if to continue to believe in the power and efficacy of the hydg. chlor. mit. is to be one. I have no sympathy whatever with the "hue and cry" raised against this valuable old servant. The effort made to expel it from the materia medica, will get no help from me; and while I deprecate the abuse of the medicine as much as any one, I must still claim for it all that the physicians of olden time did. Its power and benefits are so varied, that it would be impossible in this hasty report to begin to enumerate them.

CAPE MAY CITY, May 9, 1876.

CUMBERLAND COUNTY.

To Chairman of Standing Committee, &c. :

The sanitary condition of this district has been more than usually good during the last reportorial year. winter of unusual length and severity, was followed by a spring and summer and autumn of remarkable healthfulness. The severe and persistent cold of the winter was not accompanied with the usual array of bronchial affections, doubtless by reason of its even severity. The abrupt thermometrical changes incident to our climate, bring about most of our respiratory Situated as we are, so near the Delaware troubles. Bay on the southwest and the seashore eastwardly, with the intervening dry land of an entirely level mold, it is possible for our people to avoid the mischievous effects of these sudden and frequent variations in temperature, only by timely and suitable precautions in the way of clothing and other preventive measures.

Pneumonia and catarrh, when occurring, are usually of a sthenic type, at least sufficiently for a thorough purge at the commencement of treatment. They are

marked, it may truthfully be said, invariably with a malarial tinge. The cough accompanying throat and chest affections, frequently observes its quotidian or tertian exacerbation, with all the precision of a first-class intermittent. Remittents occurred casually during the last of spring and early summer. These more uniform functional derangements are the usual miasmatic manifestations in this district, and are all that is left us from the extraordinary agricultural improvements accomplished in the last few years.

Enteric fever is unusual. Other enteric diseases were few during the summer, always of a mild form and controlable. Infantile cholera was almost equally infrequent through the summer months. The absence of the steady oppressing heat usual in July and August, tided the little bottle dependents over this intensely dangerous part of their career.

Last autumn was mild and dry, and during this portion of the year our district cannot be surpassed for healthfulness. Pneumonia occurred occasionally during the past winter; our physicians recognized quinia as the great remedy. Diphtheria was reported The membranous or heras appearing among us. petic sore throats, doubtless, furnished these cases. The diagnostic distinction between the two is marked. No disease indicates real blood-poisoning, more than diphtheria. The general prostration is so noticeable and the enlarged cervical glands always accompany its presence. When the disease is upon us it is not so often or easily cured, as some would feign make us Membranous sore throat prevailed extensively during the latter part of the winter, and though of some continuance, under appropriate treatment was readily relieved. This throat distemper might be said to have existed epidemically, and was succeeded by a genuine epidemic of influenza. Patients thus affected, complained of sore throat, with perhaps a degree of hoarseness and fullness of the nasal passages, extending into the sinuses. The entire head felt as if bound by some unyielding force, and there was a general aching, as they expressed it, throughout the body and limbs. Coincident with the experience of other physicians, the reporter never before knew persons to be so ill, or their illness of so long a duration, from only a cold.

Dr. Whitaker reported a good deal of bronchial and throat affections, with only a little of true pneumonia, in the city of Millville during the winter. Ervsipelas occurred epidemically through the spring months in that city. The phlegmonous form developed itself in some of the cases. The eruption presented a brown hue, in thirty of the thirty-eight cases under Dr. Whitaker's care. A favorite local application of the doctors in these cases, was a mixture of comp. tinc. cinchon., quinia and muriated tinc. of iron, painted upon the surface. The ordinary solution of acetate of lead and sulph. zinc, sufficed when only the bright red hue presented in the eruption. The treatment consisted in prescribing calomel, ipecac and tartar emetic, in the form of pills, followed later by iron and quin-Dr. Newell reported much inflammatory rheumatism in his practice. Among the epidemics, mumps and hooping cough may be included. mother, recently delivered of twin children, by the reporter, was just at the height of the cough during her accouchment. The children have now taken it in the first month.

A retrospect of the medical year, presents the

affections incident to the seasons, and differing little from other years. There is observable, however, with us a gradual increase of nervous affections. How far this may result from the different modes of life from former times, it may be suggestive to enquire.

In therapeutics, Dr. Newell recommends chlorate of potassium in much larger doses than are ordinarily prescribed. He thinks the inefficacy of the remedy due to the limited quantity used, rather than to the want of remedial value.

With reference to those two topics whose consideration you propose—

1st. The value of topical applications in malignant throat-disease. Topical applications are important, yet subordinate to our general tentative treatment. When violently applied, they may only increase the harm. Ice in small pieces, allowed to melt in the mouth, are invariably grateful to the patient. Cold water compresses or hot moist flannels, as may be most agreeable, afford much comfort. A trial of inhalation of aqua calcis cannot rightfully be omitted in malignant diphtheria. Experience declares a proper choice from the long array of gargles to be serviceable.

2d. The morbid conditions in which you rely upon calomel as a therapeutic agent. Calomel is undoubtedly a beneficial therapeutic agent in the hepatic disorders so constantly accompanying our summer and autumnal diseases, and especially beneficial at the beginning of the attack, as a preparatory treatment. While calmly regarding the plausible theories promulgated, we cannot practice without calomel as a therapeutic agent in the morbid conditions, and in the manner just mentioned.

T. J. SMITH, Reporter.

BRIDGETON, May 18, 1876.

ESSEX COUNTY.

To Chairman of Standing Committee, &c.:

It has been my custom during the years I have acted in the capacity of reporter, to forward a circular letter to the members of the District Society, asking for items of interest to assist me in making my annual report. Although the Society has over fifty members, I have never received above six replies in any one year. It must be apparent that it is almost impossible for a practitioner whose time is mainly engrossed with private labors which compel him to remain within calling distance of his residence, to furnish an elaborate sanitary history of a county, without information which can only be obtained by correspondence. I trust that, by calling the attention of members to this matter, I shall be favored in the future by responses from at least a majority of the Society.

I am indebted to Drs. Holden, Kipp and Pindell, of Newark, Pierson, Jr., of Orange, Chandler, of South Orange, and Love, of Montclair, for letters of interest this year, which favors I desire to acknowledge with thanks. The replies therein to the questions propounded by the Standing Committee as to the use of calomel, and as to the value of topical applications in malignant sore throat, will be given in the language of their authors.

Among the diseases of the acute infectious type which have prevailed in our county, the principal are diphtheria, measles, rubeola, ("German measles,") scarlatina, pertussis and parotitis. Diphtheria raged in the city of Newark and its suburbs during the colder months, and also in Montclair, proving fatal in

a large number of cases. Even to this date deaths from this malady have been weekly reported.

The epidemic of German measles was extensive, but in no instance did a case show a disposition toward severity. The symptoms were such as to warrant its consideration as a malady distinct from measles, from which a diagnosis could in the majority of cases be easily made; as, e. g., the absence of a prodromal stage, the mildness or absence of the catarrhal features of measles, the color and duration of the eruption, the swelling of the sub-auricular and superior jugular lymphatic glands; its occurrence in those who were known to have had measles (and that too within a period of two months from the time of the appearance of the rubeola), &c.

Cases of hooping-cough and measles are reported at present in several localities. Pneumonia has been epidemic in Orange, East Orange, and the western part of the city of Newark for the past two months.

Dr. Love writes that typho-malarial fever broke out among the guests at the Mt. Prospect House, in Montclair, about August 1st; the cause, defective sewerage. His cases of diphtheria appeared in November and later, and seemed to have been caused, in almost every instance, by depraved sanitary conditions; he adds, in this connection: "Living as we do in a rapidly growing district, where houses containing water-closets and all the so-called modern improvements are constantly being erected on small lots with cess-pools and wells in close proximity, the questions of drainage, water supply and sewerage, are constantly forced upon us. That attention to sanitary laws will sensibly diminish the death-rate, we have indubitable evidence. Our present immunity rests in the fact that we have a

soil not yet saturated with the filth of centuries. While considering these matters, if we look further at the raids made upon the public health by the sale and use of poisons, the pursuit of dangerous trades, the eating of diseased meats, the adulterations of food and drinks, the bad ventilation of our homes, &c., we are led to wonder that the physical condition of our people is as good as it is."

Among modern surgical procedures, Dr. Pierson reports the satisfactory employment of the elastic ligature in several instances. The following history of one of his cases will be found interesting: "The patient was a lady aged 70 years; case, a malignant tumor situated between the left mammary gland and the clavicle, measuring in its longer diameter five inches, in its shorter three, and in thickness about two inches. It had been four years in developing, and for four months in a state of ulceration, with constant fetid discharge, and an occasional profuse hemorrhage; being so debilitated as to be unable to leave her room, it seemed evident that she must soon die unless relief was soon afforded her. Removal was determined upon, and as the patient objected to the use of the knife or cautery, but consented to the use of the elastic ligature, it was decided to give it a trial, and, with the assistance of Drs. Chandler and Lloyd, it was applied on the 17th of June. The patient being ætherized, a slight cut was made around the base of the tumor to form a groove for the ligature; a needle armed with a strong thread was passed behind the tumor at the centre, by which a double ligature was drawn through; the ends of the elastic cord were then tied on either side, thus completely strangulating the mass, a thread being tied around each knot to

prevent slipping. An anodyne was administered nightly, and a solution of potass, permang, employed as a dressing. The ligature gave very little inconvenience; indeed the general condition of the patient began to improve from the time it was applied. On the 28th the separation was so nearly complete, that the remaining tissue was cut with the scissors, not a drop of blood escaping. Cicatrization was complete at the end of a month, and the patient's health is now as good as that of most persons of her age. A great advantage of the ligature over the knife in this instance was that its use was almost bloodless, a point of importance in an anæmic patient."

I have to report a case of Housemaid's Knee, treated by aspiration and the application of a tight bandage, with a good result, two months having elapsed since the operation, with no apparent disposition of the bursa to enlarge again. The trouble had been of six months' standing; it was becoming painful, and was a source of no little inconvenience to the patient, who had four children looking to her for support. Nearly an ounce of a highly albuminous fluid was withdrawn, a snug bandage applied, and the patient directed to use the limb as little as possible for a few days. The tissues anterior to the knee became red and somewhat tender, a condition which lasted but a short time, leaving the knee quite like its fellow in appearance.

Dr. Pierson replies to the questions of the Standing Committee as follows:

"1st. I am inclined to the opinion that topical remedies in malignant sore throat are of value as cleansing agents only. I regard hot water and hot vapor as of the most value.

"2d. There are no morbid conditions in which I rely upon calomel as a therapeutic agent. Many years ago I dropped it from my list of remedies except as a mild, tasteless cathartic, and as such very seldom administer it."

Dr. Holden states-

"1st. My experience has convinced me that any malignant disease of the respiratory passage not directly the result of local inoculation is to be reached by constitutional remedies, and that local treatment is but the adjuvant to remove effete and offending matter or prevent blocking up of the respiratory tract, and therefore that escharotics, solvents, alteratives and diluents may be beneficial, but not per se curative; and I must add, as a point of importance, that salicylic acid has, in my hands, so signally failed to maintain its quasi reputation, that I do not now resort to it.

"2d. As to the morbid conditions in which calomel is relied upon, I have not had occasion to use or prescribe it but twice in ten years; believing that while its value is unquestioned, it is perfectly easy to succeed with other and less unpopular remedies. It is very rare in my experience to be unable to find a remedy that will effect all that we have been accustomed to ascribe to calomel."

Dr. Love remarks—

"1st. The result of my experience and investigations is, that in diphtheria, to attempt to remove the infectious element from the mucous membrane by mechanical detachment, by caustics, by chemical solutions or by astringents, is useless and dangerous. Why? For the reason that the contagious material is not confined to the false membrane, but is present

throughout all the mucous membranes involved, as well as in the fluids of the mouth. Mechanical detachment wounds the mucous surface, affording an entrance for products of decomposition into the tissues. I believe that the use of anti-septic and disinfecting solutions as gargles, or washes applied with the syringe or atomizer, may be useful in destroying infection and preventing general poisoning, but they do not limit the inflammation nor the exudation. To accomplish this object our only hope is in producing an abundant and rapid suppuration, for which hot vapor is the only topical application which gives any prospect of doing good.

"2d. I rely upon calomel in iritis and inflammation of the deeper parts of the eye; in primary, secondary and congenital syphilis; infantile diarrhœa, cholera and indigestion; to increase biliary secretions; to allay some forms of vomiting; in some skin diseases, both internally and externally; and, finally, whenever I wish to alter nutrition by affecting the blood-making organs."

Dr. Kipp "uses calomel as a topical application in phlyctenular conjunctivitis with most gratifying results. It is dusted into the conjunctival sac, and removed with a sponge a few minutes later." He "uses it in all forms of syphilitic eye affections, although he prefers inunctions." He places more reliance upon the mercurials in syphilitic eye diseases than upon any other remedy or remedies.

Dr. Chandler writes: "My experience with remedies applied locally, for the treatment of malignant sore throat, has been quite limited. In four cases of diphtheria I used salicylic acid in solution in water and glycerine (gr. v. ad. 3i.) The tonsils and pharynx

were painted three times daily with this solution. Two of the cases recovered very quickly, the membrane disappearing in two or three days. The other two cases presented more severe constitutional symptoms, and as local treatment did not seem to check the local manifestation of the disease, I did not dare longer to withhold constitutional treatment. Tr. ferri. chl. was ordered, and both cases ultimately recovered. The iron acts undoubtedly as a strong local application, but as a constitutional remedy exerts its greatest beneficial influence."

Dr. Pindell states: "As to the value of topical applications in malignant sore throat, I confess to a firm belief in their utility, and am perfectly satisfied that I have seen many rescued from the very jaws of death by their use. It may be proper to say that steam is the most important, medicated with salicylic acid, sulphuric and carbolic acids. Mur. quiniæ and chl. potass. in powder to the fauces every hour or two, are of service." He remarks upon the value of mercurials in a variety of morbid conditions, without making special reference to calomel.

FRANK WILMARTH, Reporter.

EAST ORANGE, N. J., May 15th, 1876.

GLOUCESTER COUNTY.

To Chairman of Standing Committee, &c. :

The health of our county during the year past has been up to the ordinary average. The mortality list, if increased, owes it to epidemics among children and infants. No marked peculiarities attend the diseases of last summer. Diarrheas, dysenteries and attacks

of cholera morbus were not especially frequent or severe. Cholera infantum was mild and manageable. The fevers of our section, viz:—remittents of various types, were of ordinary frequency, and generally amenable to vis naturæ. Typhoid, rare.

Hooping cough has prevailed extensively, being persistent, rather than peculiar; quite fatal to those infants who contracted the disease very early in life; in those of more advanced months, is oftener a source of vexation than of anxiety. The present epidemic is long drawn out; our visitation began many months ago, and even yet, the voice of the hoopist is heard in the land.

We have also gone under the rod of scarlatina. Very different is this present epidemic from that of three years ago. Then there were many cases and few deaths; now, with comparatively few cases, there are very many who die, either of the original violence of the outset, or of the throat complications, or of the nephritic or constitutional sequelæ.

In the neighborhood of Paulsboro, diphtheria has prevailed as an epidemic, for a time very fatally. During the colder months, plain, honest cases of bronchitis, pleuritis or pneumonitis were unusually rare; but in their stead we hear of minor ailments, of which it may be said, that their name is legion. So unusual is the number of these, and so uniform and pronounced their symptoms, that we believe them to constitute the essential expression of a distinct epidemic tendency. Few individuals have escaped. Malaise, unaccountable depression of strength and spirits, rigors, aching over the whole body, particularly in the calves of one or both legs (I think oftener in in the left), soreness of the flesh and the aggravation

of existing or predisposed disorders; these are the leading characteristics of what the laity term, "this cold that's going around." Free mercurial purgation at the onset, rest, warmth, and a few full doses of quinia, form a general treatment which can be spread over the period occupied by the culmination and decline of the attack.

Since our last report, the Society has lost by death, Dr. Jacob Fisler.

Your questions, particularly the second, have excited considerable interest and attention. In order to determine the opinions of the members upon the subject of mercury; the question was ventilated at large, at our last meeting, á la Pathological Society of Following a thesis upon the subject, a London. general discussion ensued, magna pars fui. I append the thesis to this report. Upon the subject of "topical applications in malignant throat diseases," our general sentiment may be thus expressed. If the malignancy displays itself mainly in the throat, topical applications are of decided value; if the malignancy is constitutional, they become of secondary importance. Nitrate of silver, solid and in solution, nitric acid of various dilutions, and acid nitrate of mercury, are the escharotics most in use. Lime water and its steam are occasionally tried.

I have tabulated the drift of the opinions expressed in regard to mercury, as follows:

Number	of tho	se wh	10 find	mercur	y of use,				15
44	66	"	66	44	" conveni	ence,		,	1
"	who u	se m	ercury	as an a	ntiphlogisti	с, .			11
66	"		"	" aı	tiplastic, .				5
"	who t	hink	mercu	ry acts	immediatel	y upon t	he live	r,	9
"	64		"	~ ₁	nediately	- "	66	-	7

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Number	who use	it as s	n antisyph	ilitic,									6
"	" do	not us	e it as an	"									10
66	who use	it as	n anthelm	intic,									12
44	"	"	purgativ	e, .									16
66	"	"	adjuvant	t,									16
44	46	in :	malariæmi	B., .									12
"	" av	oid its	use in ans	emia,									12

I find that our Society embraces every extreme of opinion upon the general and special utility of mercury; one extreme being expressed by such sentences as the following, which are literal quotations: "When I don't know just what ails a patient, I give him blue mass, and wait." "It is with me, alpha and omega." "It is my right bower."

The other extreme is represented by the cerebrum of our Society, our secretary. He agreed with the essayist in regarding the essential action of mercury to be a destructive one; but he thought that whether this destructive influence was exerted more upon the diseased than upon healthy structures depended upon their relative strength. That in all diseased conditions, health and disease strove for the mastery. Whenever the one or the other obtained the supremacy, a crisis was reached. That mercury hastens this crisis, this turning-point; but as it may turn either way, either to health restored or to death hastened, it becomes a dangerous medicine in the hands of ignorance.

At this present writing, we are enjoying the comparative immunity from disease which May generally grants us.

C. G. GARRISON, Reporter.

Swedesboro, May 11, 1876.

THERAPEUTICS OF MERCURY.

BY C. GRANT GARRISON, M D.

"What are the morbid conditions in which we rely upon Mercury as a therapeutic agent?"

Mercury has been used in every known disease. We now ask, in which of these do we rely upon it, as not only really indicated, but as especially curative in its action. A mere enumeration by name of all the various diseases to which, in some part of their course, Mercury is applicable, would be as valueless in its results as it would be tedious in its perusal. So in answering this question we shall not be content with furnishing a mere list of individual diseases, but shall endeavor to establish those great groupings of perverted actionthose "morbid conditions," each embracing large numbers of separate and distinct diseases, in which, by almost universal consent, Mercury is used and valued. By "Mercury" in our question is meant that action of any combination into which mercury enters, which we recognize to be essentially the mercurial action. For although each individual preparation of mercury is characterized by some effects peculiar to itself, there are certain general medical properties belonging to the whole class. And it is this essential property pertaining to all the combinations of Mercury that we wish to study under the name of "mercurial action." Before proceeding, however, to particularize the "morbid conditions" in which we are disposed to rely upon mercury, we shall state definitely what elements of therapeutic power we attribute to this once-deemed-omnipotent drug. Gleaning from the history of medicine and from the medical world of to-day those views of mercury (whether based upon clinical, empirical or theoretical grounds) which have stood the test of time and of opposition, and subjecting them to a critical analysis, it will be found, we think, that mercurial action has for practical purposes five different modes of expression. To state these clearly, we find in mercury:

- 1. A power peculiar to mercury, whose mode of action is utterly undetermined—a specific action.
- 2. The power to modify the structural organization of the effused products of inflammation—an antiplastic action.
- 3. The power to cause the breaking down and removal of abnormal growths and deposits—a resolvent action.

- 4. The power to stimulate certain tissues, influence secreting action, and hasten nutritional changes—an alterative action.
- 5. A power which renders it peculiarly efficacious as a purgative—an evacuant action.

Now in this enumeration of the five different expressions or therapeutic powers of Mercury, we have ascribed to it several seemingly diverse energies. Let us now see whether there is not some hypothesis which will reduce these apparently manifold powers to some principle more nearly approaching unity. And, to this end, let us say to ourselves, Mercury is a mineral poison, its action is the action of a poison; its therapeutic application is still in the nature of a blood-poisonnothing more. Let us imagine, then, that Mercury so far poisons and perverts the capabilities and powers of the blood as to render it unable to consummate some of its ulterior functions. Let us suppose that it especially attacks the formative power of the blood, that it deteriorates its capacity for structural organization, alters the nutritional element and debilitates the body of the circulating fluid, breaking down its crasis and entailing an aplastic condition of which salivation is in fact the cause and the expression. The cachexia which accompanies this condition proclaims how deeply the blood is altered. Of course there are various degrees to which this blood-poisoning may be carried—from death produceable by a succession of excessive doses, to the slow and gradual introduction which seems to poison the blood, without injuring the man.

Now apply this view of the blood altered and poisoned by Mercury to the explanation of the different therapeutic powers of the drug. Of course we discard in any attempted explanation the so-called "specific" actions of the remedy; they are by title admittedly inexplicable and undetermined. There remain, then, for elucidation the various actions we have called—1. The Antiplastic; 2. The Resolvent; 3. The Alterative; 4. The Evacuant. Applying our hypothesis to each of these in order, we have first to speak of the antiplastic, or that action Mercury which prevents the complete structural organization of the effused products of inflammation.

Inflammations of various tissues tend to the formation of new material, called in a general way—products of inflammation. Now as this new material (often dangerous to the bien-etre) is formed from the blood, it is organized in its structure according to the laws governing the formative power of the blood. And chief among these laws is

that which decrees that the new formation shall take its character and perfection of structural organization from the condition of the plastic element of the circulating fluid. If the blood, recently surging and over-charged with fever, is to deposit in the eye and upon the valves of the heart lymph possessed of full and perfect power of structural organization, then shall we necessarily and always have the synechiæ of iritis, entailing life-long blindness; the vegetations of endocarditis, with a terrible sequence of valvular disorders ending but in death. But if this perfect formative power of the blood can be, for a time, impaired; if its capability of structural organization can be weakened; if its plastic element can be broken down, then will the resulting exudation be no longer able to constitute a firm barrier to the recuperative energies, but will be imperfect in structure, infirm and amenable to the absorbent powers of the system. But how are we to thus impair the formative principle of the blood, how weaken its power of structural organization and destroy its plasticity? How? Why, poison it temporarily—poison it as Mercury poisons it-poison it as experience has taught us to do in order to thus rescue tissues which would else be hopelessly spoiled. Thus would we reduce the first of our therapeutic applications of Mercury to our hypothesis, by showing how the effused products of inflammation fall short to complete structural organization through the poisonous effects of Mercury upon the plastic element of the blood.

The next therapeutic power of Mercury of which we speak is the Resolvent, or that property which pertains to Mercury of removing growths, deposits and formations abnormal in character and situation.

To cause the removal of an already existing growth two things are necessary. 1. To stop increased growth and; 2. To destroy the part already formed. If one body of soldiers were building a fortress overlooking an enemy's camp, that enemy must send two different kinds of forces to overthrow this work—soldiers to prevent further building, and sappers and miners to level and dispose of the part already built. And in the human system, these two lines of soldiery are awaiting our commands. The absorbents are sappers and miners to carry off undesirable abnormalities, provided their material can be softened and broken down and its structure impaired. And we have shown, a moment siace, that in Mercury we possess this Antiplastic power. And further, these abnormal growths are composed of individual cells, each growing, living, dying momentarily, and each being

replaced by a new cell depraved and perverted like itself. Now it becomes necessary to so alter the nutrition, the cell formation of this mass, that each successive crop shall have a weaker hold upon life than its immediate predecessors, until the last of this bastard line shall be too enfeebled to transmit its depravity to its offspring. And this we accomplish by the poisoning influence of Mercury upon the cell-forming medium, the blood. Thus would we account for the Absorbent influence of Mercury by showing that the absorbents stimulated by Mercury are able to remove abnormal matter softened and enfeebled by its poisoned source, while new growth becomes continually weaker and weaker as its fountain is being continually contaminated.

The next therapeutic power of Mercury of which we shall speak is the Alterative. This function of Mercury being more composite as to its factors, is more difficult to simplify than the preceding ones. It is that action of Mercury which stimulates absorbents and glandular structure; which produces increased and altered secretion from mucous and visceral glands; which effects nutritional changes and alters the blood in consistence and constitution; which hastens the decay and separation of effete material, and assists what might be termed the moulting process. To produce these effects, it is necessary that the circulating fluid should have increased facility of access to the parts it is to influence. It must visit in augmented quantity the minutest capillaries; it must find its way into the penetralia of glandular structure. The mere presence of the blood in unusual quantity and quality in these localities is sufficient to account for the phenomena we are explaining, without claiming for Mercury any act of specific stimulation. For the blood, remember, is not only the natural pabulum, but the natural stimulant, also, of the party through which it courses. Now the slow and gradual establishment of the poisonous effects of Mercury upon the blood has this power of thinning and diluting it. And this is just what is needed to give it that facility of access to minute arterioles and capillaries which would be denied to a fluid of any greater consistence. Furthermore, this poisonous and debilitating influence, extending to the nerve centres, would have its effect upon the vaso-motor system, causing passive dilatation of arterioles and arterial capillaries, thereby allowing yet freer passage to this poisoned blood. Moreover, blood poisoned by Mercury yields up more readily the materials from which secretions are formed; it allows greater activity in all kinds of changes, and by lessening the tenure of cell-life, it hastens metamorphosis and gives place and occasion for new growth. And let us remark here that just this condition is often most favorable to the action and potency of many medicines; thus accounting for the clinical fact that many substances will act promptly and kindly in connection with, or after the administration of Mercury, which were inert or even injurious if used alone or prematurely.

Thus by its most gradual and mildest influence upon the blood does Mercury add to its other claims, those of altering the consistence and constitution of the blood, of modifying nutrition, of increasing secretion, of stimulating certain tissues, and of hastening changes which in many chronic diseases prove salutary.

We have, lastly, to speak of Mercury in its action as a purgative. The mere purgative action is, of course, not due to any poisoning influence; but that the peculiar efficacy of this action is referable to the hypothesis we are advancing is at least strongly suggested by the following considerations: 1.—We have just shown that Mercury modifies not only the constitution of the blood, but also its consistence; this altered consistence will be attended by an increased tendency to exosmosis—a potent factor. 2.—We know the effect of Mercury upon the secretions which discharge into the intestinal canal. Many imagine that its purgative action is entirely due to these. 3.—It is a clinical fact that, under its drastic doses, the epethilium of the intestines is rapidly thrown off, and thus the straining and restraining function of this protecting membrane is nullified. Now, to a combination of these influences, and perhaps of others that we know not of, we attribute the peculiar efficacy of this mineral as a purgative. But each of these factors is reducible to the hypothesis of a poisonous action inherent to Mercury; hence it follows that their sum total is likewise an expression of that same influence, or, in other words, that Mercury owes its peculiar efficacy as an evacuant to the poisonous influence it exerts generally and locally.

To sum up, then, we consider that the prime action of Mercury is that of a poison to the plastic element of the blood; and we subdivide this poisonous action under four heads, viz: the Antiplastic Action, the Resolvent Action, the Alterative Action, and the Evacuant Action. By now determining what diseases fall under each of these heads, we can justly estimate the domain of Mercury, or, in the language of our question, "in what morbid conditions we rely upon Mercury as a therapeutic agent?"

- I. There are many diseases in which the best experience of the medical world agrees that Mercury is our most reliable remedy, but in which we can give no approximation to a satisfactory account of its modus operandi; cannot tell what structures it primarily affects; can trace no sequence of action; can establish no analogy; cannot even guess at the secret of its influence; only know that quietly and unobtrusively it effects amelioration, improvement, cure. Among the morbid conditions thus amenable to mercurial treatment are many of the diseases of infancy, affections of the head, eye and skin, not classifiable on any known pathological basis—worms, many local diseases, but chiefly syphilis. Of this class we say that they yield to the specific influence of Mercury, or (to conform to our analysis) to a power peculiar to Mercury, whose mode of action is undetermined—utterly so.
- II. In another large class of morbid conditions we rely upon Mercury because of its ability to prevent the complete structural organization of the effused products of inflammation. This we have called the Antiplastic action of Mercury. We see instances of such morbid conditions in endocarditis, pericarditis, pleuritis, and the inflammations of serous membranes generally; in pneumonia, in iritis, in meningitis and cerebritis and chronic inflammatory affections of the brain, in rheumatic inflammations and in some forms of skin diseases. In fine, in any inflammatory condition where we wish to influence the results without expecting to exert any influence upon the inflammation per ss.
- III. Again, a third class (often occurring because Mercury was not properly applied in the preceding class) is that where growths, morbid deposits, exudations, and untoward though legitimate results of inflammations, acute and chronic, are to be removed and dissipated; and here we rely upon an action of Mercury we have called the Resolvent. Almost all of the second class may, by neglect, become part of this; also such affections as orchitis, indolent abscesses, tumor of many kinds, and particularly internal tumors and glandular indurations.
- IV. The fourth and perhaps largest class of morbid conditions to which we apply Mercury, is that in which we desire, by its peculiar kind of stimulation and powers of hastening metamorphosis of tissue, to effect such changes in the nutrition and function of certain organs that their present secretion and future growth may not partake of existing depravity. To this class belong most of the chronic cases



amenable to Mercury. Cases of hepatitis, gastritis, chronic mesenteric, hepatic, intestinal and cerebral troubles and chronic glandular inflammation. Our fourth class then is that in which we rely upon this Alterative action of Mercury.

V. At the commencement of very many acute diseases, during their course, and upon many other occasions we avail ourselves of the peculiar efficacy of the mercurial purge. It does all, and something more than any other. Our last class, then, of morbid conditions is that in which we rely upon Mercury as an Evacuant.

In answering, then, the question with which we started, we shall divide those morbid conditions in which we rely upon Mercury as a therapeutic agent into five classes, according to the five different expressions of therapeutic power we attribute to the remedy.

The 1st embraces those morbid conditions which do not admit of classification upon any pathological grounds, but in which clinic experience has proved the reliability of Mercury acting by a peculiar, essential and specific power inherent to it.

The 2d embraces those conditions where the effused products of inflammation would tend to firm structural organization in localities and under circumstances detrimental to health.

The 3d class includes all conditions where existing, though undesirable, formations and deposits are to be removed.

The 4th class consists of all those morbid conditions which we conceive to be remediable by effecting gradual alteration in the nutrition and secretion of certain visceral organs.

The 5th class is made up of those many occasions upon which we avail ourselves of the peculiar efficacy of the mercurial purge.

In fine, then, we may conclude that the action of Mercury is either specific as in our 1st class, or poisonous as in the four last; being in one instance *specific* without acting as a poison, in the others being poisonous without acting as a specific.

And now, having opened the question by stating in what morbid conditions we are disposed to rely upon Mercury as a therapeutic agent, and having given in crude outline our theory of its action, we leave the subject to more able discussion; and a subject for discussion Mercury ever has been. It is to the physician what "finance" is to the political economist. And our theory, you will observe, views its action as tantamount to "inflation;" as a sure method of influencing the circulating medium, but one which demands the utmost caution;

evoking temporary activities as the expense of a healthy circulation; affording relief in emergencies by depreciating the true standard of value. In administering either Mercury or national finance, we should look to a speedy return to a gold basis, and not enter upon a reckless exhibition of either paper or poison, for salivation is panic; and cachexia, universal bankruptcy.

HUDSON COUNTY.

To Chairman of Standing Committee, &c.:

For the sanitary condition of the county during the statistical year ending May 1st, 1876, I have relied to some extent upon the mortuary records, obtained from our County Board of Health, and vital statistics as furnishing confirmatory evidence of one termination of disease, which so many members overlook, when advising the reporter regarding their experience during the year. Diphtheria has prevailed to an unusual extent during all portions of the year. No section of the county has escaped this epidemic. Residents of the most elevated sections, surrounded apparently by the most favorable hygienic circumstances, have suffered alike with the inmate of the tenement house, situated on low ground, and where all the existing conditions to invite disease seemed present. degrees of severity have been observed from an attack so slight, and with so little constitutional disturbance, that its presence remained a question sub judice, to the very malignant type in which the patient is overpowered, as it were, and all remedies failing, death ensued within a few hours.

Some idea of its extent may be obtained from the fact that diphtheria and croup (most of the latter of

which was certainly diphtheritic), was the accredited cause of death in 17; per cent. of the deaths among all ages and from all causes during the year in this county. The relation of season to mortality, follows the same law as was observed during 1874-5; the greatest fatality, 32 per cent., occurring in the fall; 29 per cent. in winter; 21 per cent. in summer, and 18 per cent. in the spring.

Notwithstanding the vaunted specifics with which our medical literature is filled, faithful trials of all suggested modes of treatment have, as the excessive mortality indicates, been very unsatisfactory, and suggest the question, whether reported recoveries in the majority of cases are due to the treatment adopted, due to some intrinsic tendency we do not understand, or have been errors in the diagnosis of the variously named lesions simulating diphtheria, which are so exceedingly common during the prevalence of this disease.

By common consent, the term "malignant sore throat," is implied as referring to diphtheria and diphtheritic croup, the varied opinions on the treatment of which express the views of such members of the Society as responded to your questions relative to local applications.

Dr. J. H. Vondy finds most benefit from potassii chloras and tinc. ferri. chloridi., and feels that their influence for good, used topically, is considerable.

Dr. J. B. Burdett has used various applications locally, some with benefit, and others doing more harm than good. He considers them only valuable as adjuncts. Of late years he has relied upon potassii chloras., tannic, carbolic, or salicylic acids, chloride of sodium and the tinc. ferri. mur., the latter in preference to all.

Dr. H. Mitchell believes caustic and irritating applications are hurtful, and has no faith in the utility of steam or ice, but thinks from the use of a three or five per cent. solution of carbolic acid, locally applied every hour, diluted if it occasion much smarting, he obtains both antiseptic and anodyne effects.

- Dr. A. A. Lutkins has no confidence whatever in the efficacy of local applications.
- Dr. J. Craig has used, with marked benefit, locally, the following: tinct. iodini. 3ss., tinc. ferri. mur. 3i., glycerine, 3ijss.
- Dr. J. W. Hunt has watched the disease in both its mild and aggravated forms, and under various plans of treatment in his own and others' hands, and he does not believe he has ever seen a case cured by any treatment, and is not satisfied that any treatment adopted has shortened the disease or caused the result to be more favorable; yet his record of mortality is as favorable as any that has come under his notice. He has used many drugs, including stimulants, but does so no longer; uses potass, chlor, and tinc, ferri mur. only as local disinfectants of offensive products, and has no confidence in quinia; thinks that stimulants sometimes lessen the chances of recovery: uses opium when necessary to relieve pain or promote sleep, and steam if the breathing is embarrassed. Food and plenty of pure air are his great reliances. In a word, mild cases, in his experience, recover without medication, while severe ones will generally run their course irrespective of medicine.
- Dr. T. F. Morris uses no local applications, further than the sol. pot. chlor., combined sometimes with the tinc. ferri. mur., given frequently in small doses. He has tried the preparation so highly recommended

for local use by Dr. Lewis Smith of New York, *i. e.*, carbolic acid and the per. sulph. of iron; early use of which produced no marked effect, either in mitigating the severity of the disease, or preventing its extension. He is convinced that as far as medication is concerned, potass. et ferr. are as good as anything.

Dr. J. R. Forman gives frequent doses of the tr. ferri. mur. and potass. chlor. to children, in syrup or glycerine, repeated so as to make the application almost continuous; additionally for adults, using carbolic acid and lime water as a gargle, often in both in form of spray, especially to the nares; thinks the above of value when the membrane is in a nascent condition; of very little use when it distinctly coats the parts, and of no use whatever in bad cases, (septicæmic.)

Personally, I cannot recall where benefit was traceable to a local application, and I could mention several where the result seemed positively injurious. I did, for a time, suppose I was obtaining unusually good effects from alternating doses of the salicylate of iron, iodide of potassium and copaiba, but am now satisfied I was in error, inasmuch as the average results proved about the same as under other methods of treatment. Finally, in reference to this disease. the many diverse views regarding treatment, the uncertainty which follows their execution, as shown by the varied resultant effects following the same procedure in the hands of different practitioners, have fully convinced me that it will run a definite course, but little modified by medicinal treatment, other than sustaining; in a word, that diphtheria is a self-limited disease, and, that independent of those cases in which there is an extension of the membrane into the larynx,

death results from exhaustion. Our attention should be directed almost entirely to this latter condition. Mild local disinfectants are allowable, but tonics and nourishment are indispensable. I am in the habit of using the sulphate of cinchonidia (being much cheaper and just as efficacious as quinia) in conjunction with milk, or cream if it can be procured, raw eggs, alcohol in some form, and if the patient will tolerate it, raw meat; when a repugnance to either is shown, giving them per enema, being sure that they are given often enough to more than supply the necessarv nourishment. This I believed to be rational treatment, and I am satisfied shows a result second to none with which I am acquainted. If tracheotomy becomes necessary, it is then especially indicated.

Excluding accidents and still-births, 55 per cent. of the decedents in this county during the year, were under (5) years of age. A comparison of this ratio of mortality with many sections of the United States, as well as European countries, is exceedingly unfavorable to ourselves. Our Society has devoted much time to the solution of this social problem, which we trust will show resultant effects in the immediate future. An efficient Board of Health, vested with the authority to enforce sanitary regulations, could reduce this mortality in a marked degree.

Irregular invasions of disease have been noted, generally attributable to malarial influences, as they soon clear up under generous doses of the cinchonic alkaloids.

Pneumonia, mostly of an asthenic type, was prevalent as usual during the winter. Scarlet fever, generally of a mild form, but in an unusual number of instances, followed by acute desquamative nephritis, was noticed by several practitioners.

Rubeola, of a very severe type in many instances, has been exceedingly prevalent this spring. A lengthened prodromic stage has been in many cases a marked feature, and more frequently than usual the various sequelæ have been observed.

Late in the winter bronchial and intestinal catarrhs kept all of us pretty busy, the former being at one time epidemic in its character. Both resolved equally well under tonics.

During last summer gastro-intestinal lesions were exceedingly prevalent in our midst. The only other contagious forms of disease that have come under my observation, have been variola, pertussis and parotiditis, the former occurring sporadically during the entire year, becoming more common during January, February and March, but at no time approaching an epidemic.

The experience of most of our members has been that the past year has been marked by an unusual amount of sickness.

Your interrogation regarding the use of calomel, remains to be answered. Were my knowledge of this drug to be obtained from the replies I have received in answer to a note sent each member, as requested by you, to obtain the desired information, I would state that no member of the Society of less than fifteen (15) years' experience in the profession, knows any thing concerning such a drug, for all the replies received were from old practitioners. Dr. J. B. Burdett writes: "I do not rely upon calomel as a therapeutical agent in any morbid condition."

Dr. A. A. Lutkins believes it is a remedy of great value in all acute serous inflammatory troubles.

Dr. J. H. Vondy replies that in membranous or

true croup, calomel is of great value. In certain malarial cases a large dose of calomel and jalap will materially aid, if not entirely cure; and meeting occasionally with a patient who insists on a bilious condition and insists on a dose of calomel, it is a valuable remedy to the medical attendant.

- Dr. T. F. Morris seldom uses calomel, except as a cathartic. Bronchial catarrh in children under four years of age, attended with considerable vascular congestion, is in his experience promptly relieved by the use of small doses of calomel in connection with ipecac and chalk. Equal parts of calomel and precipitated chalk, he considers invaluable for dusting upon inflamed surfaces. Intertrigo, for instance, is promptly relieved and cured when it is applied.
- Dr. J. W. Hunt uses it as a cathartic, and believes it is one of the best remedies of its class known to the profession. He never uses it in small doses as he did when he was a younger man.
- Dr. J. Craig regards the use of calomel in inflammation of serous membranes as most important; that in the early stages of these affections, given in full doses, it exerts an influence distinct from its purgative affects, allaying local and general irritation, diminishing the frequency and force of the pulse, and lowering the temperature of the body. Administered in small doses, say one or two grains combined with one grain of opium each, one, two, or three hours, dependent on the amount of pain, and continued until ptyalism is produced, the most forms of acute serous inflammations uniformly subside. He has yet to see a case succumb in which this treatment was adopted. It is also useful as a cathartic, and as a stimulant to the secretory function of the liver, also to deplete from the

portal circulation. Finally, as a commencing step in the treatment of many complaints, he prescribes a full dose of calomel when the tongue is furred and there is lassitude, headache, loss of appetite, nausea, etc. Great relief follows its use when these symptoms are present, whatever pathological condition may be their cause.

I append two cases which may prove of interest.

LEONARD J. GORDON, Reporter.

JERSEY CITY, May 18, 1875.

THE TREATMENT OF A CASE OF TAPE WORM.

BY CLEMENT C. YOUNG, M. D.

The patient, a young man 19 years of age, a native of the United States, strong and robust in appearance, had apparently enjoyed excellent health up to a short time before consulting me. For a few months previous to this he had passed, at varying intervals, a large quantity of tape-worm, the existence of which he failed to make known, both from a mistaken delicacy and an erroneous idea as to the nature of his affection. As compared with his previous condition, there was noticeable during these later months a deterioration in health and strength, slight nervous symptoms, in the shape of muscular twitchings, resembling choræic manifestations, with a sense of fatigue upon slight exertion, apathy, diarrhoa, and some disturbance of the digestive functions, the appetite however being generally good, though not excessive. The administration of ten grains each of calomel and soda, and afterward an ounce of castor oil, was followed by the evacuation of a large portion of the worm. A short time elapsed when it was again passed, at which time and during its subsequent appearance, various remedies were used. Castor oil and spts. turpentine aa 3ss, brought about a further expulsion. Kousso was tried, but its nauseant and unpleasant character was such, that the patient refused to take it in a quantity sufficient to fairly test its merits. Carbolic acid, sulphuric ether, and the oil of male fern came next in order. The carbolic acid was given in two grain doses repeated every hour, with a mild laxative in the morning upon getting up. At the first trial about forty grains were

taken, several feet of the worm being again passed. About this time—being some months after the commencement of treatment—the patient was troubled with epistaxis, sometimes very profuse, occurring upon the slightest cause—often from no apparent cause whatever—and continuing to such an extent as to occasion alarm, and reduce him to a condition of excessive anæmia. These hemorrhages were coincident with the evacuation of small fragments of the worm, and at first this association seemed to point to a cause aside from mere coincidence; but as the epistaxis finally ceased, although the worm was still voided, I attributed the circumstance to its probably true cause, namely, a deteribration of the general health, and a defibrination of the blood, giving rise to tardy coagulation. He was put upon the tr. ferri. mur., and improved. The carbolic acid treatment was again resorted to, but with no marked success. Sulph, ether was next tried in doses of 388., preceded and followed by cathartics, but with no results whatever. The first trial of the male fern, given in 38s. doses, also preceded and followed by cathartics, was to a certain extent satisfactory, inasmuch as a large quantity of the tape-worm came away, and it was hoped the head also. Owing to the patient being actively engaged in business, and his inability to subject himself to satisfactory treatment, the progress of the case was much retarded, the remedies prescribed being often taken with irregularity, or not carried far enough to fairly test their effect, as well as rendering it impossible to make proper search for the head of the worm, thus necessitating a somewkat empirical treatment. However, symptoms of a nervous character setting in more markedly, the patient's health becoming manifestly impaired, with increased gastric irritability and diarrhea, I again had resort to the oil of male fern, the trial being more thorough than the first. Before retiring, the patient took a mild cathartic (castor oil and spts. turpentine) which operated during the night. The next morning ol. filix mas. 3j. was taken at 6 o'clock, the same quantity at 7.30 and again at 8.30 o'clock. At 6 o'clock that evening, a much larger quantity of the worm was evacuated than at any previous time, which upon examination of all that I could obtain, led me to conclude that either the entire worm had been passed, or that only the head remained. (The patient during the administration of the remedy had abstained from food.) Hoping to make matters sure, another dose was given the following morning, after which nothing was seen of the worm for over six months. The patient's health greatly improved,

there were no further symptoms of a morbid nature, and I was just congratulating myself upon a cure being effected, when I received the by no means pleasant information that the worm had again made its appearance.

The above notes were written at a time when a cure was supposed to have been effected; my intention being to show the efficacy of certain remedies which are supposed to operate with fatal effect upon this worm. The efforts of practitioners seldom meet with more stubborn resistance than is afforded in the treatment of certain cases of tape-worm; and although the above brief history has not yet been brought to a successful close by the entire expulsion of the worm, I am still induced to offer it, as showing the reliance that I believe may be placed upon the remedies so far employed. As will be seen from the foregoing, the use of calomel, as well as castor oil and turpentine, caused only a partial expulsion of the tasnia. I believe it will be difficult to obtain the full effects of Kousso, owing to the bulky form in which it must be administered, and its exceedingly unpleasant character; while carbolic acid, if at all effective, must be pushed to such an extent as to render it objectionable. If the same end can be obtained with other agents operating more expeditiously, especially so, if, as many claim, it is also essential for the patient to abstain from food during the attempt to expel or destroy the worm. The trial of sulph. ether gave a totally negative result; while that obtained with the oil of male fern, leads me to conclude that it will prove entirely successful if given under favorable circumstances, and carried sufficiently far.

TRAUMATIC TETANUS.

BY C. O. VIERS, M. D.

Thomas Murphy, aged 27 years, native of Ireland, laborer by occupation, cut his foot while bathing, July 5, 1875. First called to see him two days after receiving injury. On examination found crescent shaped wound, located beneath the external malleolus of right foot; superficial, and about one inch in extent, unhealthy in appearance, with everted edges; surrounding tissues much swollen and inflamed, the patient being unable to bear his weight upon the foot. The trouble yielded to treatment in the course of a few days. He returned

to work July 11. I did not see patient again until Sunday, July 18, thirteen days from the time he had received the injury. He called at my office, complaining that he had taken a heavy cold and could not breathe freely, as he felt as if he had a cord drawn tightly about the chest, and at times a stiffness of the jaws, with a severe pain in the back. He also stated that the trouble was aggravated when he exerted himself.

I ordered him a cathartic, recommended a Russian bath if convenient, to be followed by a Dover's powder and quinine on retiring, and to let me know immediately if the symptoms increased, as I was afraid that he might be developing some serious trouble, (suspecting that it might be the beginning of tetanus). He sent for me in the evening, stating that he felt much worse. On calling, I found trismus and tetanus fully developed, the spasms recurring every few moments. Opisthotanus well marked; no pain referable to recent injury, though the muscles of right side seemed to be more affected during the spasms, than those of the left. Temperature high; pulse 130 per minute. Ordered ice to the spine immediately (according to Dr. Carpenter's mode of treatment), and asafætida and turpentine enemas, to be repeated every three or four hours. I also gave twenty gr. each of potas, brom, and chloral hydrate, to be repeated every two hours until rest should be obtained, and so on until I should see him again.

July 19, 9 A. M. Patient slept about three hours since I last saw him; had taken three doses of the chloral and potas. bromide; had had two enemas; ice being kept to the occipital and cervical region. Pulse 110; tongue much furred; perspiring freely; spasms recurring ence every twenty minutes, and sometimes more frequently, though somewhat modified at times. He cannot speak, as every effort at taking brings on a spasm. Has taken no nourishment since yesterday afternoon.

The treatment to be continued as before—bladders of ice to the spine, and all the milk that he can take. 5 P. M., pulse 115; has lacerated tongue, and keeps an iron spoon handle between the teeth. He has succeeded in taking a quart of milk during the day. Visitors have annoyed him very much, consequently ordered absolute quiet, directing no one but those in attendance to be with him. Ordered 5 gr. doses of quinine every three hours, in connection with the treatment as before Dover's powder to be taken at night.

July 20, 9 A. M. Has slept more during the night, taking a quart

of milk, and some beef tea in the morning. Pulse 110; treatment continued, quinine three times a day. Brandy mixture every two hours in table-spoonful doses. 5 P. M., pulse 112; treatment the same.

July 21. Ask for consultation. Dr. Carpenter saw case with me at 10 A. M.; advised a more thorough application of ice to the spine. Suggests the saturated tinct. of asafætida with the oil of turpentine, to be used as an enema every two hours. Accordingly I ordered ice in bladders from the occiput to the coccyx, and the enemas as suggested. The other treatment as before—takes plenty of nourishment in the form of milk, beef tea, &c., brandy mixture. 4 P. M. Patient apparently more comfortable; pulse 105.

July 22, 10 A. M. Seems a little delirious this morning; pulse 115; has slept more than usual; the circulation seems more feeble on the right side than on the left, the muscles being quite rigid. The application of ice somewhat neglected; insisted on attendants carrying the orders out strictly. Order brandy mixture given every hour. 5 P. M. Patient seems a little better; delirium continues; treatment the same as before.

July 23. Pulse 100; delirium continues; treatment the same; mutton broth instead of beef tea, for the day.

July 24. Pulse 102; slept more than usual during the night; perspires very freely, and complains of the sudamina, which seems to annoy him very much. Spasms seem to be modified in severity; treatment to be continued. 4 P. M. Patient about the same; has taken three fresh eggs broken in wine, in connection with his other nourishment.

July 25. Patient continues about the same; treatment continued. July 26 and 27. No appreciable change; treatment the same.

July 28, 9 A. M. Patient not so well this morning. Pulse 120; sweating profusely. He complains of the severity of the enemas, and says the ice wets the bed; accordingly the attendants have neglected both, to which I ascribe the change in his condition. Spasms recur as often as once every half hour, some of them quite severe; complains of severe soreness in dorsal and lumbar region. Ordered potas. brom. and chloral every two hours, as formerly; injections and ice continued. The enemas once every four hours. 5 P. M. Pulse 112; patient somewhat easier; spasms recurring about once an hour, and much lighter. Substitute rubber ice bag for bladder, and change his bed.

I am using injections less frequent, as he complains bitterly of their severity.

July 29. Patient seems to improve slowly. Pulse 99; treatment the same. 5 P. M. Substitute cannabis indica for the chloral and potas. brom.

July 30 and 31. Treatment the same. Patient's condition about the same; perhaps the spasms are a little more frequent.

August 1. Attendants have discontinued the ice and injections. Patient sitting up at window, where they had carried him. Spasms occurring more frequently. I told them that they would surely cause his death, if they did not follow the directions. Called at 2 P.M. Found ice bag dry; spasms recurring every twenty minutes, and sometimes oftener. Dr. Carpenter saw case again with me at 5 P.M., and insisted upon their carrying out the treatment as directed.

Aug. 2, 10 A. M. Patient much better. Ice to spine; treatment the same.

8d, 4th, 5th and 6th, patient continues to improve rapidly. He seems quite rational once more. He feels slight spasms on exertion; pulse ranges between 72 and 90. In connection with his neurishment, he takes the citrate of iron and quinine, cannabis ind. in \(\frac{1}{2}\) gr. doses three times a day. Up to August 12, treatment the same. Still continues to improve; can walk with assistance from bed to chair; sits up two or three hours a day.

Aug. 17. Can walk back and forwards across the floor with assistance. Fld. nourishments continued, all solids being positively forbidden. Ice discontinued entirely. No medicines except the tonic taken.

September 1. Is able to walk out. Complains of pain along the spine, and especially in the dorsal region.

Sept. 20. Thinks he is able to return to work; says he feels quite able to do light work. He resumed labor Sept. 25. About the middle of October, he went to California, without settling his drug and doctor's bills, and that is the last I have heard of him.

JERSEY CITY, May, 1876.

HUNTERDON COUNTY.

To Chairman of Standing Committee, &c.:

The health of the County of Hunterdon during the past year seems to have been unusually good. Epidemics there have been, but mildness of type has been their leading feature. In the upper part of the county there has prevailed at various times during the year scarlatina and diphtheria; but in the vicinity of Little York, Dr. Night informs me, there has been almost an absence of epidemics of any kind.

In the region of Quakertown, Dr. M. Abel says: "Diphtheria has prevailed almost the whole year. The type of the ailment has been mild, and from it there have resulted but few deaths." He mentions a case of this malady in which, as a sequela, there occurred paralysis of the muscles of deglutition, and the patient, a boy about 18 years old, died of starvation.

- Dr. J. S. Cramer, of Sergeantsville, tells me that in his practice there have been no epidemics except an influenza during the month of March.
- Dr. O. H. Sproul, of Stockton, says the people of that village and vicinity have been remarkably free from ailments.

The physicians of Lambertville, T. H. Studdiford and G. H. Larison, tell me that at various times during the whole year they have been called to prescribe for cases of scarlatina and of diphtheria. They say the type of these ailments has not been as grave as is usual in that locality.

Dr. T. H. Studdiford reports his experience with dry cotton as a dressing to fresh wounds, and warmly com-

mends it to the consideration of the members of the profession.

Dr. A. S. Pitinger, of Clover Hill, states that with the exception of the influenza occurring in March, he has seen no epidemics; and that during the year there has been very little sickness in his vicinity.

Dr. George Bartow writes me: "We have had during this winter and spring a sort of epidemic catarrh. The peculiarity seems to be that even the slightest cases are accompanied with an unusual amount of debility; and in the severer affections convalesence has been unusually protracted." Dr. Bartow also states a case of poisoning from tineture of iodine, which he successfully treated with copious drafts of starch and the hypodermic use of morphia. He also mentions a case of poisoning from belladonna successfully treated with morphia.

At Ringoes and in the vicinity of this village, there has been very little sickness since the first of last May, excepting during the months of February and March. During the autumnal months there occurred a few cases of scarlatina anginosa, and a few cases of diphtheria. Although some of them were slow to overcome the force of the disease, yet finally they all recovered. Typhoid enteritis made its appearance here about the first of December. It was of mild type and needed very little medication. Pneumonia prevailed during February. March brought us, as it usually does, influenza. This year it assumed a typhoid character and demanded a sustaining treatment.

So regularly are we troubled in this valley with an ailment of the air-passages at the advent of spring, that I am inclined to add a few remarks concerning its annual occurrence, its symptoms and its probable

causes. Ever since February of 1863 I have observed that as the weather peculiar to March comes on, the people, to an extent greater or less, in proportion as the transition from cold weather to warm is more or less rapid, suffer from sneezing, suffusion of the eyes, loss of taste, pain in the forehead, restlessness, pain in the limbs and a febrile movement. Upon the second or third day, usually a discharge from the nostrils and a cough supervenes. Soon the cough is attended with an expectoration, more or less copious, and the patient becomes convalescent. Usually the mucus membrane lining the air-passages is all that seems, to any extent, to suffer. But in the epidemic which this year became manifest upon the 4th of March, other structures became involved. Along with the usual symptoms were noticeable torpidity of the liver, kidneys and bowels. Considerable delirium attended many cases, and in some there was obstinate constipation. As a sequela, in many cases there occurred dropsy, in others jaundice; while all were slow to regain the gustatory sense. An anodyne and sedative course of treatment has usually answered all demands of this disease. this spring alteratives, eccritics and tonics have been in much request; and, in many cases, medication has been needed for from fourteen to twenty days. my observation no case ran into pneumonia, although many were confined to the bed for twelve days and upwards, and suffered free expectoration and much thoracic pain.

Concerning the annual occurrence of this malady, I have made some observations. There seems to be no fixed time in the spring at which it appears. It seems rather to depend upon the temperature and the condition of the weather. I have observed its occurrence in

the latter part of February, and I have noted its postponement till almost the first of April; but always it makes its appearance at the breaking up of winter and the advent of spring.

A query arises in my mind whether this disease, which I am inclined to call "Vernal Influenza," is not the result of a blood-poisoning generated by breathing an atmosphere infested with some organisms-vegetable or animal—of microscopic dimensions, which are annually called into active life at the ushering in of spring. Perhaps there are organisms adapted to this transition season that go through all their rounds of active life at the time of, or just prior to, the appearance of our epidemic, and then lay dormant the rest of the year. Perhaps they cannot endure colder weather; perhaps they are not suited to a warmer atmosphere, but fully adapted to this transition season. Upon this hypothesis we see that the disease would be likely to be severer as the transition period is longer, since, if the transition season is longer, it would allow them to develop more abundantly, other things being equal, and we would be subjected to the breathing of them for a longer time.

In favor of this view is the fact that those whose dwellings are in the warmest places, are the first to contract the ailment. Sheltered places, and such as are flanked upon the wind-side by hills or woodlands, are the first to show the prevalence of this disease; while bleak north sides and elevated regions, either show it later in the season, or else do not have it at all. I do not think this ailment is confined to this little valley; but perhaps its manifestations are more apparent here than in most places.

C. W. LARISON, Reporter.

RINGOES, N. J., May 1st, 1876.

MERCER COUNTY.

To Chairman of Standing Committee, &c. :

The diseases that have been prevalent during the last year, have presented nothing unusual in their nature from those of the previous, with this exception, a slight epidemic of diphtheria in the fall, and a general epidemic of bronchial catarrh, which has just subsided.

The epidemic of diphtheria was at first very malignant in character, carrying off, at times, three or four in some families; but its virulency soon disappeared, and the number of deaths on the whole among those who were attacked, was quite limited. A contagious element was manifested, as a diffusion through a limited district could be traced to one or two centres.

The membrane was developed for the most part in throat and nasal cavities, although there was a fatal case where a patch first formed on the vulva of a young child, where there had been an abrasion of the skin, from a severe fall.

We are unable in Mercer county to get at the rate of mortality, owing to there being no board of vital statistics; and in cases of death, certificates as to the cause are not required.

Local treatment has the endorsement for the most part of the Society, and the sub-sulphate and muriated tinct. of iron have the preference, although chlorinated and other gargles are recommended, together with the use of atomized and other warm vapors.

The general tonic treatment is in all cases carried out. The use of disinfectants, and the separation of children in a household where there are many together, is also advised, besides strict attention to all hygienic laws.

In regard to bronchial catarrh, it has been widespread in the county, and came on with pain in the head, throat and limbs. The prostration was unusual, respirations difficult, and in some, even of an adult age, there was croupous breathing. The expectoration was slight and in many cases there was a marked tendency towards pneumonia. It was for the most part self-eliminating. There was but little treatment necessary.

Typhoid fever and pneumonia have presented scattered cases. Malarial fevers are on the decrease.

A very animated discussion as to the portability of puerperal fever, occurred in the spring of 1875, among the medical practitioners of this Society, which found its way into the courts. Very extreme views were advanced, but on the whole, the careful use of disinfectants, strict attention to hygienic rules, and great care on the part of the physician, in order to prevent contagion, were all that were required. It was not deemed necessary, as some insisted, that a physician should abstain from practice for months; such a regulation would be impossible to carry out, and not demanded by the contagion.

Scarlet fever has been rather more diffused than usual. Dr. Bodine had fifteen cases under his charge in the Children's Home; his communication is enclosed. The disease has been mild in character, and there were but few deaths.

Dr. Deshler, of Hightstown, states that hooping cough has prevailed extensively in his vicinity; that diphtheria was sporadic in form and very fatal. He also says that there were cases of typhoid and remit-

tent, fever, which were found to be greatly benefited by large doses of quinine, as recommended by Liebermeister in Ziemssen's Cyclopædia. Influenza was general since mid-winter, and nearly all persons were attacked.

The Mercer County Medical Society is in a flourishing condition, and great interest is taken in the debates on the leading medical topics of the day.

H. WALDBURG COLEMAN, Reporter.

TRENTON, N. J., May 10th, 1876.

Monsel's Solution of Iron in Diphtheria.

BY DR. H. WALDBURG COLEMAN.

Without wishing to discuss at length the origin of diphtheria, its mode of development, and the circumstances attending its diffusion in a community, I will briefly refer to these points, and consider its treatment:

I. Its Origin.—Like most epidemic diseases, its nature is so subtle as to have as yet escaped our detection. Different theories are advanced, some very seductive, particularly that of the Spore theory, which is very ingenious, but far from being convincing. Diseased tissue affords germinating spots for bacteria to develope in, but they can hardly be looked upon as the primary cause of diphtheria.

Our present knowledge on this subject may be summed up as this: that under peculiar atmospheric conditions an accumulation of morbid material occurs, which material may be presumed to be always present, and at such times any person or persons who are in the vicinity of such a collection, and in fit condition for its action, will contract a specific disease, and become a centre or centres from which it may be diffused to others.

II. Its Development.—From a careful study of this, we find that the mucus membranes are the channels for its introduction, as also are denuded surfaces. The morbific matter excites irritation and inflammation of a specific character at a definite point. Here, membranes and putrid exudations are formed, and in them are found immense numbers of organized growths. The system at large soon shows dis-

turbed actions, by passing into a low irritative fever, and if the diseased action continue, morbific matter is absorbed, the glands in the vicinity of the diseased surface swell and becomes engorged, and through them toxic symptoms soon develop.

I think that this can be accepted as the history of the mass of collected cases; although 'there can be no doubt that under peculiar circumstances, the morbific matter may be so virulent, and the state of the system of the recipient so unusual, that death may occur without any local manifestion. We may, therefore, consider the disease at first localized and afterwards general.

III. Its Diffusion.—Its epidemic nature cannot be doubted. That it is contagious the clinical history proves conclusively. The morbific element is found not only in the membranes but in the emanations from the diseased subject.

Treatment.—Adopting the view that the disease is at first localized, and that a series of morbid changes take place before general blood poisoning, it is fair to infer that if we possess a remedy that will destroy the poison, prevent absorption, and expel diseased membranes, or at least change their structure, we can accomplish a cure.

From eight years experience with Monsel's Solution of Iron, and comparing results with other methods of treatment, I think it promises better success than any other remedy yet offered to the profession. The conditions under which it is to be used are these: that the diphtheritic spot is in such a position as to allow the solution to be applied in the manner soen to be described.

When the sub-sulphate of iron, made after the formula in the U. S. Dispensatory, is used in full strength on a diphtheritic patch, located in the fauces, the following effects are observed:

- 1st. A thickening and toughening of the membrane.
- 2d. Intense constriction of the mucous membrane behind, separating it from the diphtheritic mass above.
- 3d. A sensation of strangulation, together, in most cases, with vomiting of the membrane in mass, leaving the throat clear, and the mucous membrane in a condition unfitted for absorption from corrugation of its vessels and lymphatics.

This act of vomiting is of great assistance to the patients, particularly the young, as it enables them to reject a substance unfitted for digestion, and apt to induce, if swallowed, diarrhea and other intestinal difficulties.

The manner of applying the solution is of the greatest importance, and requires careful consideration; for with this as with many excellent remedies, everything depends upon a thorough use, and given in proper strength. I generally take a tumbler, and by inverting it, make use of the small concavity in the bottom. Into this the iron is dropped in full strength, and in amount sufficient for one application; to this an equal proportion of water is added if the case is that of a child, for an adult almost full strength is required; then with a camel's hair pencil of large size, the tongue being depressed, and a good view of the throat obtained, the solution is put on the diseased part. Immediately the patient experiences a feeling of suffocation, and is seized with retching and vomiting; the membrane is in most cases then expelled in mass, and the throat cleared. The flow of saliva is increased, as are other secretions in the mouth.

I have often succeeded, after one application only, to get patients to take a quantity of nutrition, when for days they have been unable to swallow, owing to the mechanical obstruction of thickened putrid membranes.

For diphtheria of the mouth, throat, and in fact for all places where the brush can be used, the treatment with iron promises the most flattering results; but in parts where it has from necessity to be greatly diluted, and in those cases where the lymphatics and glands are swollen, showing toxic absorption, and the system impregnated with poison, it is of but little value, and stands on a par with other remedies.

A too frequent use is injurious, and two or three applications in twenty-four hours are sufficient.

In conjunction with the above preparation, the general tonic plan of treatment is to be fully carried out. The disease is epidemic and of an "acute infectious nature." The strictest attention should be paid to the hygienic conditions surrounding the patient, and all excretions, particularly from the mouth, throat and bowels, should be carefully avoided and disinfected. A case occurring in a family where there are other young children, calls for their isolation at once. The use of chlorine should be free in the house, and as much ventilation allowed as the season of the year will permit.

Note.—Cases illustrating the effects of the iron were cited in my original article, but have to be here omitted. I quote but one to show the bad result of its too frequent use:

Dec. 14th, 1878.—Was summoned to attend Mr. R——, a merchant living in

H—— street. Found him sitting propped in a chair, complaining of intense suffocation. Wife stated that that afternoon he had complained of sore throat, and having used Monsel's solution a year before, when he had diphtheria, with good results, he had now resorted to it himself, and used it every hour in full strength, at least six or eight times. His throat was literally filled with crusts of iron, and so constricted that the suffering was intense. It was some hours before I could afford him relief.

TRENTON, May, 1876.

COMMUNICATION BY DR. JOSEPH L. BODINE.

In Dr. Richardson's ideal "City of Health," provision is made for work-rooms, apart from the house of those engaged in such industrial callings as tailoring, dressmaking, shoemaking and the like. As illustrating the danger of our present system, he says: "I have myself seen the half-made riding habit that was ultimately to clothe some wealthy damsel, rejoicing in her morning ride, act as the coverlet of a poor tailor's child, stricken with malignant scarlet fever." We have had an example of this mode of communicating the scarlet fever poison in a "Children's Home" in Trenton. The mother of one of the boys, wishing her child to appear well-dressed at the annual public anniversary of the Home, had undertaken to get a new suit of clothes for him. She brought to him a part of the suit, and expressed her regret that the coat was not finished. She said that the person who was making it had not been able to finish it as promised, because there had been scarlet fever in the family. In a few days after the anniversary, this boy who had put on the poisoned garment, was sick with scarlet fever, and the disease spread through the Home until seventeen of the fifty-three children in the institution had been brought under its power. Isolation of the sick from the well was adopted at the earliest time practicable, and was enforced until the disease had disappeared. The epidemic was mild in its form, and the cases all got well without complications or sequelæ. It is gratifying to the medical attendant of the Home to acknowledge the receipt from the lady managers of the institution, of an honorarium or pecuniary acknowledgment for his services during the epidemic. Pecuniary recognition of medical services to a benevolent institution is so rare as to demand mention, when it is made.

TRENTÓN, N. J., April 20th, 1876.

MIDDLESEX COUNTY.

To Chairman of Standing Committee, &c.:

The diseases which we have been accustomed to meet with have presented themselves without any remarkable increase in number or severity in type, excepting diphtheria and pneumonia, and in some sections of the county a tendency, from local causes, of certain diseases, to run into a typhoid condition. Diphtheria has never, we believe, been so prevalent and of such a malignant type as in the city of New Brunswick and in South Amboy: and we think it owing largely to the neglect of the adoption of proper hygienic or sanitary measures for the prevention and mitigation of During the past five or six months there have been, according to the statements of our undertakers, over 250 deaths from this disease in New Brunswick; and we reckon, from the meagre statistics we have been able to collect, that the mortality has been about 20 per cent.* From consultation with members of our District Society, resident here, the average mortality among their patients has been about 15 per cent., which is a very good record when we consider (as should of course enter into the calculation) the malignant type of the epidemic, and the late period in the disease when the Doctor was called in a large number of the cases.

From the account given by Dr. Treganowan, we

^{*} Nors.—I do not believe that we would have had more than half that per centage of mortality had the physician been called in each instance at the commencement of the disease. Doubtless many of the cases terminated fatally because of interference with the preper treatment. Three cases in my practice were convalescent, but proved fatal by injudicious doaing by the mother with ipecac and hive syrup to the extent of severe emesis.



judge the record in South Amboy to show about the same ratio; of course on a smaller scale.

From observation in this epidemic, we must come to the conclusion that diphtheria is undoubtedly an infectious disease, but it has not been demonstrated to our satisfaction that it is portable. Several families which have been invaded have lost two to four children, in some instances being all in the family.

The instances were exceedingly rare where children under 18 months have taken the disease, the vast majority having been from 3 to 10 or 12 years, between which ages was also by far the greatest mortality. Adults almost invariably recovered, some of whom were severely attacked. The worst case the reporter met with was that of a man about 35 years of age, in which case the exudation covered the buccal mucous membrane, the soft palate, tonsils and mucous membrane of the pharynx, slightly invading the larynx, so that deglutition was exceedingly difficult and painful, and the voice could not be raised above a whisper. this case entire recovery has taken place, but the convalescence was exceedingly slow, the "patches" not disappearing till 12 days had elapsed. The patient suffered from partial paralysis of the larvnx, but under appropriate treatment it rapidly disappeared. some cases the patients were apparently recovering, when suddenly the pulse became much more rapid, vomiting ensued, and death resulted in a short time, probably caused by some affection of the vagus.

Dr. Morrogh reports having attended a large number of cases, in a few of which there was great disturbance of nervous centres with resulting paralysis, but which, as in nearly all the cases we have heard of, the paralysis yielded quickly to treatment.

As to treatment, the reporter is convinced and believes it is the opinion generally entertained by our physicians here, that as far as the local manifestation of the disease is concerned, the less interference with the throat the better in the vast majority of cases, except the frequent rinsing or gargling with a mild disinfectant wash. We enter our earnest protest against the removal by violence of the exudation, and especially of the use of nitrate of silver.

Of some of the new remedies suggested during the past year or two, they have not given the satisfactory results in our practice that we had expected from reports of success in other places.

Dr. Baldwin, in an able paper on diphtheria, recently prepared, speaking of remedies, says: "It would be improper to close this enumeration of remedies without reference to salicylic acid, which has been much praised for its almost specific power. That it is a good antiseptic all will admit, but its use in the present epidemic, so far as my experience goes, fails to justify the high encomiums which have been placed upon it abroad."

This, we think, will be abundantly corroborated by most of our physicians, if not all, as our experiences have been alike in the use of this acid. In my own practice I have abandoned it and gone back to the carbolic acid gargle, the use of which has been productive of far better results. This, with tonic treatment, (in which I place sulph. quinia at the head of the list), and a good attention to proper dietetic and hygienic management, has given the most satisfactory results. I have often found at the commencement of treatment a remarkable improvement in both the local and constitutional condition, resulting from a moderate dose of hydrarg, chlor, mite.

Pneumonia prevailed to a considerable extent, especially among children and the aged, during the winter and early spring. More cases than usual terminated fatally among the aged, some very suddenly. Among the children recovery was almost the invariable result. Cholera infantum during the last summer, and rubeola, scarlatina, roseola during fall and this spring. Remittent, intermittent and typhoid fevers have been met with in their usual degree of frequency.

The reports received would seem to indicate less intermittent fever in the localities where it has been most prevalent, e. g., South Amboy, and more prevalence in some places where it has not been so frequently seen, e. g., Dayton.

Dr. Norton reports throat diseases very prevalent in Metuchen and vicinity; several cases of diphtheria.

Dr. Holmes, Cranberry, reports a number of cases of cholera infantum during the summer. Bilious remittent fever, running into typhoid and typhus; 50 cases reported, most of them occurring within 300 yards of a slaughter house, where were nearly all the fatal cases. Pneumonia, bronchitis and diphtheria during December and January. One case of small-pox, the second attack, the first having occurred 9 years previous. At ninth day the Doctor counted 71 old scars and 65 pustules on face. Never vaccinated.

Dr. Wilson, Monmouth Junction, reports increased number cases intermittent fever. Influenza very prevalent, as also throat diseases, but no diphtheria. Several cases conjunctivitis and a few of scarlatina.

Dr. Slack, Dayton, reports more sickness than usual. Miasmatic fevers of mild type very prevalent. Several cases of ulcerated and membranous sore throat, but no true diphtheria. Pneumonia; influenza, affecting

nearly all the inhabitants, accompanied with high fever, lasting two or three days.

Dr. Treganowan, South Amboy, reports miasmatic diseases less prevalent. Fall and winter, diphtheria prevailed more than ever, of most malignant type. An unusual number of sudden deaths "from what appeared to be lung incompetency." During this spring catarrhal affections attended with bleeding from nose and fauces. Scarlatina now prevailing. Cases of epistaxis and hemorrhage from the throat and lungs have been more frequently met with than usual in various parts of the county, and especially in this city.

Our District Society has been called upon to part with another of our oldest members, Dr. Charles Dunham, who was for several years our Treasurer. The Society gave suitable expression to the feeling of sorrow in the sad providence which removed from our midst one so highly esteemed by us for his professional ability and personal qualities.

D. C. ENGLISH, Reporter.

NEW BRUNSWICK, May 13, 1876.

MONMOUTH COUNTY.

To Chairman of Standing Committee, &c.:

The general health of the district for the past year has been remarkably good, with one or two exceptions. Diphtheria of a most malignant type has prevailed at Long Branch and vicinity with great mortality, leaving few families who do not mourn the early departure of some little one, and in some cases it has counted all among its victims. Adults have not escaped its con-

tagion, which there at least is now beyond question. I had hoped to obtain some facts and figures from the resident physicians, concerning the scourge, but my appeal has been in vain.

Dr. Forman, of Freehold, writes: "There has been one-third less sickness than during any year of the last decade, and the death rate has been correspondingly The only epidemic has been measles, which has prevailed in every family not protected by previous Diphtheria has prevailed only in a sporadic form, and been of a mild type." Dr. Long of same place makes a similar report. Concerning topical applications in malignant sore-throat, Dr. Forman states further: "In patients over three years of age, affected with diphtheria, I am in the habit of painting the diphtheritic patch at the outset with liq. ferri persulph., and if the membrane re-appear, I sometimes make a second or third application. This usually causes the membrane to peel off, and has a tendency to check the local disease. In addition I use ice and icewater as a gargle, frequently repeated. I use other applications, but consider local treatment secondary in importance to constitutional remedies." Concerning the therapeutic value of calomel, he replies: "I seldom use it, and then as a cathartic; or, with digitalis and squills, as a diuretic in dropsy." This accords with Dr. Long also.

Dr. Welch, of Keyport, makes a similar report. In addition, he reports a case of hemorrhage from syphilitic ulcer, whereby the coats of the anterior tibial artery had been corroded to that degree the blood burst through, endangering the life of the woman, she losing about four pounds of blood. The ferri per sulp.

first, and ligature afterwards, controlled the hemorrhage.

I have the pleasure of submitting two interesting papers by Dr. Geo. T. Welch, of Keyport, and also two others.

S. H. HUNT.

ENDOCARDITIS AND EMBOLISM PRODUCING PARALYSIS AND GANGRENE.

BY S. H. HUNT, M. D.

The patient, Capt. Wm. Hayners, Oceanport, aged 66 years, was a man weighing in health 225 lbs., 6 feet 1 inch in height, of a nervosanguineous temperament. Always enjoyed good health until six years before this last illness, when he had an attack of inflammatory rheumatism, which lasted six weeks; no cardial trouble as a sequel being observed by Dr. Scrivens, the attending physician. Has always been a good liver, using tobacco and stimulants temperately. Retired from business some two years ago, since which time his life has been less active. Has had occasional attacks of dyspnæa for the last year, from over-exertion or exercise, lasting however but a short time.

On Sunday evening, March 21st, 1875, he was engaged in a social conversation with his sons, when he arose from his chair and walked to the stove; returning, he dropped heavily into his chair and had some dyspnæa, which was observed by the family. He talked but little after this, his intellect seeming to be clouded, and neglected to bid his family good-night as was his custom. By great exertion on his own part and a little assistance from his wife, he reached his bed in another part of the house, but was completely exhausted in doing so.

I saw him in the morning for the first time, and found him with partial loss of motion and sensation of the left aide, able to use his leg and arm a little; the left corner of the mouth drawn down; tongue very red, and mind acting sluggishly; speech thick, and yet able to articulate indistinctly. By the aid of purgatives, brisk friction of the affected limbs, and gentle use of the battery, the parts soon regained their usual tone, and in five or six days their impairment was not noticeable. The muscles of pharynx and mouth

were also paralyzed. With the restoration of the arm and leg, their use continued impaired during his illness for about ten days. The mind did not act with its wonted quickness, though his reason was unclouded.

On April 1st he complained of intense pain in the right ankle, which on examination was found to be swollen. A return of his former rheumatic trouble was anticipated. His feet were put in warm water, gentle friction was employed, and then bandaged in cotton. On Friday, April 2d, his right foot was very much swollen and was found to be below the normal temperature. No very marked constitutional effects were observed, save great restlessness, which continued for several days. Urine was scanty and loaded with lithates. Temperature 98; tongue very red; pulse 73 and of an intermittent character. The heart, during all his illness thus far, seemed to be embarrassed in its movements, though no valvular trouble could be detected.

April 4th. The foot was much swollen, and large purple spots made their appearance. Several large blisters were noticed on the side of the foot. Patient's symptoms were those of general debility. The small and frequent pulse, dry and coated tongue, denoted an asthenic state of the system, which was met by quinine, Huxsom's tinct., beef tea and milk punch. Dr. Scrivens now saw the case in consultation.

April 5th. The temperature of foot was found to be 60° and very much swollen. The ankle of the left foot was still more swollen and cedematous, attributable in a measure to his posture, as he is unable to lie in bed, and has been for the last five days, but sleeps in an armchair. An effort was made to place the foot on a chair, but he could not keep it there, owing to the intense pain that straightening the limb caused.

April 6th. Every phenomena of acute gangrene in the foot was now beyond a question, the limb beyond the ankle being of a scarlet hue, hot, dry and very painful, while there was a mottled discoloration of the foot, and the toes especially had lost all sensation. From April 6th there was an increase of the trouble; still there was no fever until Sunday the 11th, when the temperature was 99½°; pulse 76. The heart was beating feebly and intermittingly, as if there might have been a heart-clot impeding its action.

April 12th. Temperature 99; pulse 92. This condition continued until April 19th (April 18th Dr. Van Buren, of N. Y., saw the case). On the 20th, temperature fell to 98. Thus the vital powers began to

give signs of the great battle that was going on in the affected limb. The diet of the patient was of the most concentrated and neurishing kind, which the patient took freely in connection with his quinine, iron and strych.; tr. digitalis was also given as heart tonic. The limb was enveloped in oakum, carbolic acid and per. mang. potas. alternately used to correct the cadaverous smell consequent upon decomposition. Since the 14th the patient has expressed an unwillingness to get out of bed, and for the last week has lain there. The black discoloration now extends to the ankle, nature having formed a line looking much like demarcation.

This afternoon there is a hectic flush and occasionally a cold sweat upon the forehead. Patient shows a disposition to sleep; is less talkative, and indifferent to what is going on about him. Swelling of left foot subsided soon after going to bed, and is now looking as well as ever, though some pain from pressure of heel.

April 26th. Hectic fever creeps on gradually and stealthily, its invasion marked only by malaise, restlessness and discomfort, which patient is unable to shake off.

The exacerbation is vesperal, coming on at 4 o'clock daily with marked periodicity. Body ordered washed, rubbed and excretions removed promptly. Temperature 100; pulse 85 to 90, and intermitting discoloration shooting up over ankle, beyond supposed limit of demarcation, and increased redness near knee.

April 27th. Delirious during night, wandering in sleep; perspiring freely. From April 27th to June 1st there was a gradual abatement of fever, and a general improvement in condition. Appetite good; bowels moved by an occasional injection; no fever; very little perspiration; nothing but restlessness, that occurred periodically, especially in the evening, added at all to his discomfort. The rhythm of the heart was more normal, with very slight and infrequent intermissions. The pulse was fuller and stronger, and continued at about 80 pulsations per minute. There was noticed, a few times, attacks of dyspnœa, which were very slight in their character, and produced little or no uneasiness. Patient most of the time was cheerful and hopeful, and enjoyed his food with a relish. The line of separation occurred two inches above the ankle, and the ulcerative process under the limb progressed favorably, showing every sign of extending around the limb. A small spot, about the size of a quarter, which showed itself about six weeks since, on the left heel, has proved to be

unmistakably gangrenous, extending to the depth of one inch. This came from pressure, and seems to have resolved itself into an ugly, indolent, gangrenous ulcer, making but little progress towards sloughing.

From June 1st to June 16th there was the same condition of affairs as the month previous, only a general improvement apparent in his condition. On Wednesday evening the patient was attacked with labored breathing, marked dyspnœa, pallid features, profuse perspiration, frequent and fluttering pulse, and cold extremities. This condition lasted for two hours, when the patient sank quietly and without a struggle to sleep. His mind was clear, and he conversed with his family to the last.

The history of this case is interesting. There can be but little doubt that these troubles were the sequel of his illness six years prior to this one, when he was suffering from inflammatory rheumatism. Dr. Fuller, who is authority on Heart Diseases, says: "Endocarditis is unaccompanied (not unfrequently) by symptoms calculated to direct attention to the seat of mischief, and would escape detection altogether if recourse were not had to the stethoscope. The symptoms are characterized by sudden collapse, with pulmonary obstruction or cerebral disturbance. The patient becomes suddenly faint, and struggles for breath; the countenance is anxious, face pale and livid, pulse rises to 140 and even more, and is weak and irregular both in force and rhythm. The surface is cold and covered with a clammy perspiration, and is accompanied by more or less paralysis. These symptoms are connected with the rapid formation of enormous fibrinous deposits on the valves of the heart, causing great obstruction to the circulation or with the detachment or disintegration of fibrinous deposits. The most formidable of these symptoms are consequent on the detachment of fibrinous deposits from the valves of the heart, which are then carried by the circulation into the smaller vessels, and cause obstruction of the arterial circulation." The case now reported at length had all of the symptoms cited by Dr. Fuller. The gangrene of left foot was attributed to an obstruction of the arterial circulation. His sudden death, at a time when he promised speedy recovery, was also attributed to the detachment of a heart-clot, or embolism. Statistics and history of other cases sustain the treatment in this-never to amputate where there exists such heart complications, as more recover from non-interference than by amputation. No post-mortem was obtained.

EATONTOWN, May, 1876.

MEDULLARY CANCER IN MEDIASTINUM.

BY DR. S. H. HUNT.

Was called to see Mr. James Reed, aged 32, on Sept. 4th, 1875, who was visiting his mother. Learned that he had been sick for about one year, off and on. In his last sickness stated that his Doctor said he had "inflammation of the lungs." Remembered being thrown on a rail fence by a runaway horse, which incapacitated him for several days. Has had pain in breast ever since, more or less severe. Found patient sitting in chair, head leaning forward on window, gasping for air. Dyspnœa increased until he had one of the most desperate struggles for breath I have ever witnessed. Pulse was small and frequent. Eyes protruding and staring; countenance anxious and woe-begone. Skin was clammy, with a cold perspiration from the fatigue produced by the respiratory efforts. His beseeching look for relief from his intense and unceasing suffering, haunt me yet. Face, arms and legs were swollen and purple from the deficient oxygenation. His misery was intense and indescribable. This condition of things continued for twelve days, until Sept. 16, despite all remedies, with with very slight remissions; at which times nature seemed to have exhausted her energies in combating the disease, but would rally again with desperation to renew the conflict, which increased with the few days he lingered. The temperature never exceeded 100°. These were the symptoms presented.

A physical examination revealed the following: there was an enlargement of the left side, a widening and bulging out of the intercostal space, and an absence of respiratory movement. The heart was displaced several inches to the right, and the apex beat was noticed one inch beyond the right nipple. There was a fullness noticed below the ribs, and viscera pressed downward. This gave to the abdomen a distended and bloated appearance. There was a complete absence of vocal fremitus, and dullness over the whole affected side, before and behind. No respiratory murmur could be detected, and but little bronchial respiration. No cancerous cachexia was present. That there was effusion in the pleural cavity, did not admit of a doubt, but there was more to bewilder and confuse. From the time I saw him there was universal dullness, and this for one thing led to

the suspicion that there was a cancerous growth. And yet the case was obscure. I learned from his immediate friends that he was of a cancerous stock, and that there was a decided hereditary predisposition. Since his death, I have traced the family history up as hereafter stated, which is of unusual interest.

A post-mortem was obtained, after much opposition, which set at rest all doubt. An incision was made by my student, F. Parsons, from the top of sternum to the symphisis pubis, which fully exposed all the viscera. The sternum and ribs were carefully dissected, and by a cartilage knife the ribs divided mid-way; when, on raising it, the pleural cavity was found distended, with serous effusion. Attached to the inner surface of the sternum, was located a foreign growth, which, on examination, proved to be a medullary cancer, weighing over four pounds. This consisted of several nodules, which cut like fibro-cartilage, but connected with these was a morbid product of almost every variety of consistency. Much of it was soft, white and brain-like, breaking up to the touch like brain matter. It appeared as if melted lard had been poured into the anterior, posterior and middle mediastinum, and then cooled. The left lung was pressed back against the posterior wall by the pleural effusion. How so large a cancerous mass could be developed, and yet there be an absence of cancerous cachexia. I cannot understand. The microscope fully confirmed what was so apparent. The walls of the heart, which were also examined and found hypertrophied, seemed to contain cysts of the same material, varying from a millet seed to a large pea. A division of its wall showed the same material in its substance. The kidneys presented a like appearance, and were the finest specimen of large encysted kidneys I have ever seen. Many of the cysts seemed to contain only an albuminous fluid, while others contained a fatty substance: not a few being as large as a hickory-nut.

Paracentesis would have prolonged his suffering, but given only temporary relief. This case is reported only for its pathological interest and family history. His grandfather, Aaron Reed, or rather his wife, had five boys and seven girls; of these, three boys, John A., Aaron and Jonathan, have died from cancer. Dr. Vought attended Aaron, and Dr. Thomason attended John and Jonathan. Four of their children (and grand-children of Aaron) have also died of the same disease—Daniel, son of Jonathan; Joseph, son of John; Emeline, daughter of Jonathan, and James, son of Aaron, whose case is herein so fully de-

tailed. There is a large number of grand-children living yet, whose ages range from twenty to forty, and should any of them ever come under your supervision with an obscurity of symptoms, with this history before you, you may remember, "By their fruits ye shall know them."

EATONTOWN, May, 1876.

THE MICROSCOPE IN MEDICAL JURISPRUDENCE. BY D. M'LEAN FORMAN, M. D.

During the recent trial in our County Courts of Mary Ganley, for the murder of her husband, a club was offered in evidence. Upon this club were blood-stains and a small tuft of short black and white hair. By the prosecution it was claimed that that club was the instrument with which the injuries on the head (which were the cause of death) were inflicted, and that the blood was human blood, and that the hair was human hair. By the defence it was claimed that the blood was the blood of a fowl, which might have easily got on the club at the wood-pile, where a few days previous to the homicide, a number of chickens had been killed, and that the tuft of hair was not hair, but black and white wool which had been carded in the house a few days previous to the man's death, and might have been swept out and adhered to the club while wet with chicken's blood.

As the testimony upon the nature of the stains and hair upon this club was considered important in its bearings on the case, I was asked by the prosecuting attorney to determine their character by scientific tests.

Upon making an examination of the club, a crack was opened and from it a few scales of dried blood were scraped. A small scale the size of a grain of sand, was placed upon a glass slide and over it a thin glass cover was pressed with sufficient force to reduce the scale to powder. The slide was then placed on the stage of the microscope and accurately focused under a one-twelfth of an inch immersion lens, the magnifying power of which is about seven hundred and fifty diameters. A drop of clear water was then allowed to insinuate itself between the two slips of glass. In a few minutes the powder absorbed the water, and by adding a few drops more, hundreds of globules were distinguished from the mass, and floated out clearly into view

Some of these globules shriveled and rolled, but many of them were circular and without a nucleus, thus showing conclusively that the blood was animal blood and not that of a fowl. In order to verify the results obtained by this examination, some of the scales of blood taken from the same crack were placed in a test-tube and macerated over night in a solution of sulphate of potash. Upon subjecting the dark colored fluid obtained by the maceration to a microscopical investigation, the circular globules were again detected.

Upon making a further and close inspection of the club, three fragments of hair from a half an inch to an inch in length were found entirely distinct in their location from the tuft of hair before mentioned. Upon placing these hairs under a quarter-inch objective they were distinctly shown to be human hairs, and one of them had the roots and the hair follicle in which it grew attached, thus showing that it had been pulled from the head. A few hairs having been removed from "the tuft" and subjected to examination, were found to be cat's hair and not wool, as was claimed by the defence.

The frequency with which we as medical men are called upon to testify as experts in courts of justice, and the frequency with which in these days the microscope is used as a means of determining the guilt or innocence of the accused, leads me to call attention for a few moments to its uses in the investigation of crime, and to the position it occupies in medical jurisprudence.

Many interesting cases might be cited to prove its value in recognizing blood-stains upon weapons used or clothing worn during the infliction of murderous wounds; but a few will serve for illustration, and for that purpose I have selected cases with which most of you are probably familiar, in some of their details at least.

About a year ago in the adjoining county of Middlesex, a man by the name of Sullivan was tried for the murder of a farmer, by the name of Talmage. In this instance, no one saw the deed committed, but circumstantial evidence pointed to the man Sullivan as the murderer. He was arrested, and on his clothing dark stains were found. These stained garments, together with a club found near the place where the murder was committed, were given to Prof. Vandyke, of Rutgers College, for analysis. Prof. Vandyke removed the stains and submitted them to microscopical examination, and at the trial testified that they were produced by human blood. During the trial it was proved by the defence, that the blood on the garments was the

result of a wound in the prisoner's arm, received in an affray previous to the murder, but the blood on the club could not be so easily accounted for. The prisoner was convicted and hung.

A few months ago (at the same time that Mary Ganley was being tried in our courts) a man by the name of Reubenstein was tried in Brooklyn, for the murder of Sara Alexander.

During the trial, Prof. Eaton, a distinguished microscopist, testified that he had examined stains found on the boots of the prisoner, and found them to be blood. That in the dirt on his boots, he had discovered a small chip about the tenth of an inch (10 of an inch) long, which he submitted to microscopical examination, and found to be corn husk, and that he also found a fragment of woolen yarn which was similar in texture to that in a shawl which was worn by the girl at the time of the murder. As the murder was committed in a corn field, the presence of corn husk in the dirt on his boots was very important testimony against the accused, who was convicted of the murder and sentenced to be hung.

A few years ago there occurred in Norwich, England, the following case: (Vid. Wharton and Stille's Medical Jurisprudence). "A female child, nine years old, was found lying on the ground, in a small plantation, quite dead, with a large and deep gash in the throat. Suspicion fell upon the mother of the murdered girl, who, upon being taken into custody, behaved with the utmost coolness, and admitted having taken her child to the plantation where the body was found, whence the child was lost by getting separated from her while in quest of flowers. Upon being searched, there was found in the woman's possession a large and sharp knife, which was at once subjected to minute and careful examination. Nothing, however, was found upon it, with the exception of a fine piece of hair adhering to the handle, so exceedingly small as to be scarcely visible. The examination being conducted in presence of the prisoner, and the officer remarking; "Here is a bit of fur or hair upon the handle of your knife," the woman immediately replied, "Yes, I dare say there is, and very likely some stains of blood, for as I came home, I found a rabbit caught in a snare, and cut its throat with the knife." The knife was sent to London, and with the particles of hair, subjected to a microscopic examination. No trace of blood could at first be detected upon the weapon, which appeared to have been washed; but upon separating the horn handle from its iron lining, it was found that between the two, a fluid had

penetrated, which proved to be blood—certainly not the blood of a rabbit, but bearing every resemblance to that of the human body. The hair was then submitted to an examination. Without knowing any of the facts of the case, the microscopist immediately declared the hair to be that of a squirrel. Now around the neck of the child, at the time the murder, was a tippet, over which the knife, by whomso ever held, must have glided; and this tippet was squirrel's fur. The woman was convicted, and while awaiting execution, confessed her crime."

Nearly twenty years ago, Dr. Burdell of New York was murdered in his room. In searching the house after the murder, for a clue to the perpetrator, a bloody towel was found in the closet of one the gentlemen boarders. Upon being unable to account for it he was arrested. Soon after the arrest, a lady living in the house, went to the police and told the following story: She said that she was menstructing at the time of the murder, and in going up stairs her napkin fell off. The house being full of people, and she being embarrassed at her misfortune, rushed into the first open door that presented itself, to readjust the necessary garment. Being interrupted before she could do so, she threw the napkin in the closet, intending to return for it at a more favorable opportunity. Before she could secure it, it was found by the police, and, as before stated, the owner of the room was arrested. In order to test the truth of the story, the towel was submitted to a microscopist for examination, and the blood on it was found to be freely mingled with epithelium from the uterus, thus clearly showing it to be the menstrual blood. Upon this testimony the gentleman was released from custody.

In Taylor's Medical Jurisprudence a case is cited where some cotton fibres detected by the microscope on the edge of a razor, showed that the weapon had cut through the strings of a cotton night cap, in giving a fatal wound on the neck; and finally another case is cited in which an assassin was detected and convicted partly upon the indicatory evidence furnished by a lock of hair remaining firmly grasped in the hand of the murdered man. The hair under the microscope resembled, in all its physical character, that of the prisoner; the individual hairs were found to be some of them broken, others torn out by the root, and others cut, and on the prisoner's head a bare place was found to which they corresponded.

The cases I have cited clearly illustrate some of the methods in

which the microscope has been applied in the investigation of crime.

In testifying upon the witness-stand with reference to blood stains, we are certain to be asked what kind of blood have you discovered?

In answer we can say positively whether it is derived from the mammalia, or from birds, reptiles or fish; but can we go further and say whether it be animal or human blood?

Dr. Richardson, microscopist to the Pennsylvania Hospital, in an article on "the value of high powers in the diagnosis of blood stains," (published in the American Journal of Medical Sciences, July, 1874,) affirms the possibility of distinguishing the blood of man from that of certain domestic animals, (citing that of the pig, ox, red deer, cat, horse sheep and goat,) by the difference in the size of the globules.

Dr. Woodward, of the Army Medical Museum, in Washington, than whom I believe there is no better authority upon this subject, in a paper published in the American Journal of Medical Sciences, for January, 1975, reviews Dr. Richardson's article, and says in substance, that as the subject is one that from time to time becomes of great importance in criminal cases, justice no less than scientific accuracy, demands that the microscopist, when employed as an expert, shall not pretend to a certainty which he does not possess. That although an experienced microscopist is not likely to be misled, yet that there are many physicians who work with the microscope more or less, to whom a partial statement of facts on such a subject as this is peculiarly dangerous. If Dr. Richardson's statement of the case is true, it is not the whole truth, for there are certain animals, among them the dog, whose red corpuscles are so nearly identical in size with those of human blood that they can not be distinguished with any power of the microscope even in fresh blood, much less in dried stains; consequently, it is never in the power of the microscopist to affirm truthfully on the strength of a microscopic investigation that a given stain is positively composed of human blood and could not have been derived from the blood of any animal but man.

Mr. Gulliver, a distinguished English microscopist, says "that in monkeys, seals, otters and dogs, the corpuscles are about as large as in man."

In Wharton and Stille's Medical Jurisprudence, (Vol. 2, Part 2—1873,) the characteristics by which the blood of mammals is distinguished from that of birds, reptiles and fishes having been described, it is thus stated: "The globules in all the mammalia (with the excep-

tion of the camelidæ) are so nearly alike in size and other characters to those of man, that practically no distinction can be made." "Thus, the blood of an ox or sheep cannot by the microscope be, for medicolegal application, distinguished from that of a human being, for although the globules are somewhat smaller than those of human blood, yet the size of the globule in the human blood varies according to whether it is fresh or dried, and the difference between its size in man and animals is too slight to be made a point in evidence in eases where such momentous consequences may depend upon the decision."

With reference to the time after the effusion of blood at which the globules can be recognized, Dr. Taylor says "he has obtained clear evidence of their existence in, and separation from, a minute fragment of dry blood which had been kept in a dried state for a period of three years." "M. Robin detected them in spots from eight to twelve years old. But such certainty cannot be expected if the spots have been washed, or if while fresh, they have undergone putrefaction."

An additional proof of the presence of blood is derived from certain microscopical crystals which it contains. As these crystals can be obtained from all kinds of blood they are of value only in proving that the fluid or stain is blood.

The spectrum microscope has also been made use of in the examination of blood, and with it there seems to be no great difficulty in recognizing its presence or absence, but its source can not be determined by this means.

Such I believe is the present position of the microscope in mathcolegal cases; and it seems to me that medical men, who at any time may be called upon as experts to testify in our courts of justice, should be familiar with its true position, lest society should run more risks from the scientific expert than from the criminal he is called upon to convict.

FREEHOLD, May, 1876.

MEMBRANOUS ENTERITIS.

BY GEO. T. WELCH, M. D.

It would seem the human system, compassing such small extent, and brooded over for ages by medical philosophers, should some time ago have yielded up its secrets to the sages. But whether it is that the anatomy passing through certain cycles bears with it germs that appear and disappear, develop at one time, and at another seem to pass away, certain it is its etiology is never long to be depended upon. Diseases of the same nomenclature suddenly assume new forms, and demand new modes of treatment. Weapons of our art, laid upon the shelf by the past generation, are taken down again by this, and those bequeathed to us we somehow find useless in the battle against disease, and throw them with the lumber and dust of a past age. Mercury and the lancet, now some years abandoned to reproach, begin to be championed forth again, and their merits discussed in public places. Dr. Hartt, of New York, read a remarkable paper on the "Decadence of Medicine," before one of the Medical Societies of that city, during the past winter, and strongly urged the return to old modes of treatment in vogue half a century ago; and at the late meeting of the American Medical Association, Dr. Samuel D. Gross, in a paper read before that assembly, took strong grounds in advocacy of blood-letting in the early stages of inflammatory diseases, and was received with great applause.

So it is; what we think fast ground gives way beneath our feet, but it is not that science crumbles, it is that our little day is too short for us to comprehend the laws of change that govern it. It is only when we compile the experience and observations of all the generations, that fleeting time can compass the length of art. As Goethe says:

"Vain is it that our science sweeps the skies— Each, after all, learns only what he can; Who grasps the moment as it flies, He is the real man."

But it may be argued of this generation of medical scientists, that the causes of disease are more closely scrutinized and sought for, than at any time before in the history of men. Symptoms are classified, and differences more clearly apprehended, confusion is avoided, and still the good work goes on.

A disease that Dr. DaCosta designates as membranous enteritis, has been, till within the last decade, confounded with dyspepsia, diarrhæa, dysentery, and even the presence of intestinal worms. It is characterized, as I have found it in my own experience, by soreness and tenderness in the region of the small intestine, with paroxysms of intense neuralgic pain, and the passage of strips of membrane from the rectum, after which there is comparative comfort for a few days,

when the neuralgia returns, and the same process is again completed, and so on.

It is of this offsease I wish to treat, as briefly as possible, and illustrate with the clinical history of a most complicated case in my own practice.

So far as I know, Dr. DaCosta is the first writer who has dealt with this affection as a separate disease. Others have considered it as a freak of some inflammatory process, or at the best, as the excessive symptom of some other complaint. Kaempf speaks of it as infarctus; Good as diarrhea tubularis; Todd as follicular colonic dyspepsia; Cruvélhier and Laboulbéne as pseudo-membranous enteritis; Powell as painful affection of the intestinal canal; Whitehead and Eustace Smith as mucous disease; Clemens as intestinal croup; Balléux as dysentery, and Lipsius as worms.

Anatomical Character.—Membranous enteritis has been so recently studied, that its anatomical character can only be surmised, not positively declared; since, though an agonizing affection, it has a tendency to become chronic, and death from it alone must be very rare.

The small intestine is composed of three coats, serous, muscular and mucous. The muscular coat consists of two layers, the outer arranged longitudinally, the inner disposed transversely, which makes it of a dense and unyielding texture; over this lies the mucous coat, the surface of which is greatly extended by being formed in transverse folds. A statement of this fact will readily admit the conclusion that in any inflammatory condition of the enteric canal, a serous effusion occurring between the mucous and muscular coats would detach the latter from the former, and if the inflammation be long continued, death of the mucous coat in portions must occur, and these be cast off by the natural movements of the bowels. Then a raw surface left, if indeed a new mucous coat be not already in process of formation, and sufficiently produced to cover the muscular coat from observation. For, in post-mortem examinations of the intestine affected with acute enteritis, the peyerian and solitary glands have always been found unaffected, and these should act as nuclei for the new mucous cells to gather about; besides, in detachment of strips of some length, process of repair must begin at once, here as well as in the fauces when diphtheritic membrane is cast off. I only offer this as my opinion after a

careful study of the clinical history from observation, as I have seen none recorded.

Clinical History.—The local symptoms, as I have before observed, are pain and soreness in the region of the small intestine, attended with painful exacerbations, and discharge of membranous strips, occurring at intervals of longer or shorter duration; generally four weeks. The clinical history of a case I have now under treatment, will illustrate the disease in all of its phases.

Miss L. is a lady of more than ordinary intelligence, fitted by nature to shine in society, and as it is, the favorite of a large circle of friends and acquaintances, though unfortunate circumstances of disease have confined her to her room for nearly seventeen years. Hers has been a long and melancholy history of hope deferred, and of old age descending upon a life cheated of its youth and the wholesome pleasures of its kind.

To begin at the beginning, her menses were suppressed upon their first appearance by injudicious sea-bathing, and did not appear again for ten months. Afterwards they were never regular, appearing at intervals of five or six weeks, and longer. Frequently they would be suppressed for months. Intense pain characterized their appearance. Leucorrhœa was a prominent symptom for several years.

In 1835, there appears to have been an inflammatory condition of several of the important organs. Her eyes were affected to such a degree that sight was misery; her throat became affected, I would judge from her account, with sub-acute laryngitis, which has continued ever since; the liver was congested, and the kidneys gave off large deposits of uric acid. About this time she began to feel soreness and pain of the bowels, but no membranes were ejected until 1843.

A liberal course of mercury and depletion by blood-letting, was begun by her medical attendant, and not given over, though the majority of the symptoms persisted and her health grew worse. During 1836-7 she was ptyalized three times, and the pain in her bowels was increased, and she suffered much from neuralgia.

In 1843 she was again placed under heroic treatment, by another physician, and was ptyalized twice during this year; but this campaign left her worse off than before, as the pains in the abdomen culminated in the discharge of mucous strips or membranes from the rectum. This was looked upon as a form of dysentery, and treated as such. But the membranous enteritis persisted, and pieces of mem-

brane continued to be discharged at intervals of about four weeks. The pain at such times was well nigh intolerable, though a comparative ease of a few days would intervene between the paroxysms.

In 1861 she was again placed under the influence of mercury, when she took to her bed entirely, and has scarcely ever left it more than a few hours at a time, since. About this time she passed a strip of mucous, tubular in form, twenty inches in length, she says, and it appears her physician confirmed it. This was after an unusually severe paroxysm. When these strips were longest, the attacks of neuralgia were prolonged for several days, and small pieces of mucous kept passing from the bowels, until the long strips of membrane were ejected, when the pains remitted.

There never seemed to be any association between the menstrual difficulties and these colicky pains, as they scarcely ever occurred together; and if they did, the abdominal pain did not seem to be heightened. Her physicians do not appear to have ever examined or to have taken much note of these membranous discharges.

During all those years she appears to have run the gauntlet between long files of all the medicines of the dispensatory, and received a malicious stroke from every one of them, until she became the despair and reproach of the profession on her side of the county. But for all that, though in almost daily agony, she has outlived some ten or eleven of her medical advisers, and holds them as saints in her calendar; such devotion does long-suffering breed!

I first saw this lady in February, 1874, in consultation with Dr. Herbert. He was treating her for retroversion of the uterus. There was a marked retroversion with retro-lateroflexion of the uterus. She was unable to walk more than a few steps, and that with painful effort. There was such exquisite tenderness of the mucous coat of the vagina, that she could not endure the presence of a pessary, however carefully adjusted, for more than six or twelve hours, when its impress would be left in purple. However, by the frequent use of a uterine replacer, followed by carbonized cotton pledgets, she grew much better of the retroversion, so that a sound would enter the uterus without being bent. About this time she was attacked with vaginitis of such an angry character, that uterine treatment had to be suspended. Upon inquiry I found she had been subject to such attacks before, when no uterine treatment was used or thought of.

She became my patient in March of that year, her physician remov-

ing to San Domingo. Pretty soon after I took charge, she began to complain of great pain in the abdomen, when I, being unacquainted with much of her previous history, suspected the uterine treatment to be the cause, and left it off at once, prescribing hydrate of chloral as an anodyne, but she did not get much better until the periodical discharge of the membrane, though I was not then acquainted with the reason.

In April there was another attack, exceeding in violence any she had had for several months. I found it necessary to use the hypodermic syringe almost daily for a while, to control the paroxysms. These ceased gradually, to begin again in June, and so it has been almost monthly, until within the last three or four months, when I perceive the attacks occur at longer intervals, with pain less acute and membranous discharges slighter. How long even this partial good fortune will last I will not venture an opinion.

I first begun to examine these pieces of membrane last summer, and in October and November obtained a cast thirteen inches in length. I concluded, from tests and examinations I made, that they were from the mucous coat of the small intestine, as well from their size as that Miss L. always complained of most pain and soreness in the viscera below and beneath the stomach. It was not until I read an article in the January number of the American Journal of Medical Sciences, on Membranous Enteritis, by Dr. Findley, that I begun to feel satisfied with my conclusions, or the treatment I was pursuing. Last week I obtained from Philadelphia, Dr. DaCosta's monograph, on the same subject, wherein I found the only plain account of this dreadful disease that I have yet seen in print.

There are a few other symptoms in Miss L.'s case I wish to detail, before entering into an analysis of the few cases on record. She has always sick stomach for two or three days before these membranous casts are excluded. No blood passes at any time. She has long been troubled with dyspepsia and want of appetite. Coldness of the surface every morning, seldom any fever. Occasionally the urine deposits great quantities of uric acid. If she loses flesh during an attack she soon regains it. Is very nervous, but never hysterical.

From idiosyncrasy cannot endure any anodynes but chloral hydrate, and fluid ext. of Indian hemp. Is naturally disposed to be constipated, but dejections easily occur upon use of teaspoonful doses of Rochelle salts.

An analysis of eleven cases gives the following results:

Author	Age.	Initial.	Male.	Female.	Mar,	Single.	Duration	Cause	Cared.	Womb Disease.	Treatment.
Da Costa	31	S.		1		1	11 years.	Irritation of womb.		Prolapsus. Ulceration of cervix.	
46		M. G.	1	1		1	14 '' 31 ''		1	COLVIX	Nitrate of Sil.
	50		1	1	1		5 mo. 2 years.	Conges. liv.	Died.		Prep. of Iron.
Findley	40	H. J.		1	1		2 "	Mercury.	Cured	Ulc. os and	Arsenic.
46	43	D. G.		1	1		13 mo.	Uter. irrl.	**	Dysmennorr- hesa.	
Welch		E. W.		1	1	1	9 ' 82 years.	Mercury.	**	Retroversion and latero flex	Liq. fer. iodi.

Pathology.—Dr. Hare, pathological chemist at the Pa. hospital, has analyzed several specimens. They do not dissolve in water. Dissolved in caustic potassa, they give a faint precipitate by addition of either acetic or tannic acid. I cannot follow his analysis at length, but his conclusions are that most of the casts he examined were composed of mucus; one or two contained a trace of albumen; they contained no fibrine.

Causation.—In two of the cases I have analyzed, mercury seemed to have been the controlling cause of the difficulty. Grantham considered the disease caused invariably by mercury, conjoined with the constant use of aperients. A writer in the London Lancet, Oct. 15, 1869, asking for information, speaks of two cases which he attributes to the same cause. Two of the cases I have analyzed appeared to have been caused by transmitted irritation from the womb, and one from congestion of the liver. But DaCosta thinks constitutional defect is the cause in a majority of cases.

Diagnosis.—The diagnosis may be generally considered easy, if the symptoms are borne in mind and the dejections examined. Tender-derness about the epigastrium, neuralgic paroxysms, passage of mucous strips unattended with blood, comparative comfort for several days or weeks. No other disease presents all these characteristics.

Prognosis.—The prognosis is unfavorable so far as complete recovery is concerned; though a person may be ill of this disease, suffering a thousand tortures, and live to a comparative old age. Recent cases, properly appreciated and treated, are more likely to recover. Where the disease is misunderstood it is likely to run into the chronic stage and persist for years, or during the lifetime of the patient. Nor does

it always yield when early seen, to modes of treatment successful, or partially so, in other cases, but recurs again and again until it seems impossible to eradicate it.

Treatment.—During the exacerbation, anodynes, and powerful ones, are called for. In the case of Miss W. I have used hypodermic injections of morphine and atropia, one fourth of a grain of one, and the ninety-sixth of a grain of the other, thrice in one hour. Deep injections of chloroform may be tried with advantage. Counter-irritation in some form constantly is advisable. Tonics and alteratives best suit the necessities of the case, though they must be continued for a long time, and as persistently as the disease. Arsenic is recommended by Findley, and appears to have been curative in two of his cases. The iodide of iron has the credit in the third. DaCosta cured one case in which diarrhea was a constant symptom, by the use of the nitrate of silver; and the different preparations of iron were effectual in arother. Gentian, the per-chloride of iron, cod-liver oil, the acids, nux vomica, copaiba, pitch-pills, tar, bismuth, opium, bromide of potassium, and electricity have all been highly recommended and discarded, and tried again. Nutritious diet, and moderate exercise when possible, should always be insisted upon. And whoseever cures a case should straightway report it, for the lists will be long open.

KEYPORT, May 17th, 1875.

THE RELATIONSHIP BETWEEN TYPHUS FEVER AND CEREBRO-SPINAL MENINGITIS.

BY GEO. T. WELCH.

A case of sporadic cerebro-spinal meningitis, now under my care, presenting very singularly marked features, has set me to thinking of the common relationship of eruptive fevers, but more particularly of cerebro-spinal meningitis and typhus fever.

My patient, Henry Walling, a lad of fourteen years, was attacked, Sept. 4th, by what an itinerant quack, who was called in, diagnosed as "a cold," but concluded was the "lockjaw," four days afterward, when he was discharged. I found the lad with all the symptoms of sporadic cerebro-spinal meningitis aggravated to an extreme degree. His surroundings were vile and unfortunate and there was everything to provoke a speedy dissolution. The room was small, ill-ventilated,

and reeking with odors. The bed on which he lay was foul and narrow, and the walls grimy with the steam of many indigestible dinners and late carousal with gossips. The very water they drank, I learned, was infected with the decay of woody fibre, if not worse. The third day after my visit, in a spasm of confidence, I was shown the parietal bones of the skeleton of an infant that had been found under the floor. Death had left his signet with the house! The tonic spasms with opisthotonos, and the spinal pain, yielded their severity to large doses of chloral and quinine.

On the second day of my attendance, and the sixth of the disease, lumbricoid worms began to be expelled from the intestines, and so continued to be, at intervals, until thirteen had been passed. The characteristic eruption did not appear until the tenth day of the attack, when the body and extremities were covered with dull purple spots, which remained in this condition until last Thursday, Sept. 80th, when they assumed a bright crimson appearance, were raised, assumed crescentic forms in places, became confluent on the face, chest, about the genital organs and on the feet and legs. On Friday the face and eyelids and the feet became ædematous. On Sunday morning the bright redness of the eruption had departed in a great measure, and this (Monday) morning, except in places, all was a dull purple and sunken to the skin level.

During all this while there was no increase of temperature or nervous excitement, nor any fresh internal lesion to be discovered.

I wish to call attention to the fact that this abnormal increase of the eruption was raised above the surrounding surface, was uninfluenced by pressure, was confluent in situations, crescentic at times, in other places round and red petechiæ.

Searching for authority in such unusual occurrence, I received but scanty reward for my pains. Da Costa says only in extremely rare instances is the rash rose-colored. Tourdes states that a rose-colored papular eruption, like that in typhoid fever, is occasionally observed. Flint believes the petechiæ due to extravasation of hematin, and, if so, the color is likely to be crimson if the symptoms be sufficiently grave.

A communication in the "Transactions of the N. J. Med. Soc. for 1873," from a medical gentleman in Gloucester County, whose name does not occur among the list of members, details a series of cases of what he is pleased to call "cerebro-spinal meningitis accompanying measles." In the same family he had patients with cerebro-spinal

meningitis covered with an eruption resembling varicella, that disappeared in three days; afterward an eruption appearing on the same patients resembling measles that began to recede two days afterward. Whether the petechiæ wholly disappeared or persisted in modified form during the disease he does not say; but while these notes are not complete, they are unique. Says one of them: "Eupheme and Adaline about the same. Eupheme's head further back, and spine and extremities bad." He says his treatment consisted of every item of the materia medica that suggested itself to him, and he even thought of using the battery on Eupheme, but she judiciously died before the experiment could be made. As the eruption of varicella ordinarily awaits the fifth day before dessication, and as the eruption of rubeola disappears on the fourth day, I conclude the doctor's cases were complicated with neither of these eruptions, but that the petechiæ he observed were modified forms of the usual eruption of cerebrospinal meningitis, and to some extent resembled that in my own case. Dr. Wood states the petechiæ often resemble those of typhoid fever, and these Louis defines to be of a lenticular rose-colored character. And that brings me back again to Flint and Tourdes. An excursion into polite literature gives me the following, from Boccaccio's introduction to his Decameron: "In the year of our Lord 1348, there happened at Florence, the finest city in all Italy, a most terrible plague; which, whether owing to the influence of the planets, or whether it was sent from God as a just punishment for our sins, had broken out some years before in the Levant, and after passing from place to place, and making incredible havoc all the way, had now reached the West. Unlike what had been seen in the East, where bleeding from the nose is the fatal prognostic, here there appeared certain tumors in the groin or under the armpits: and afterwards purple spots in most parts of the body; in some cases large and but few in number, in others smaller but more numerous—both sorts the usual messengers of death."

In 1872, some farmers in the neighborhood of Wyoming, Delaware, where I was then practicing, sent an agent to Sweden, who induced the emigration of about eighty of the peasantry to the home of his associates. Upon their arrival they were all housed in a large barrack until they could be parcelled out to their future employers. As low and filthy a set of beings could not be found outside of the ancient splendor of Europe. A few days after their arrival a disease broke out among them, characterized by fever and eruption, that rapidly

proved fatal. As a medical man was likely to be in constant service for awhile, like a prudent corporation they sought the cheapest. An illegal practitioner was called in, who puzzled himself over the cases for two or three days, and ended by calling them small-pox, and treated them as such; but the mortality persisted, and the farmers were fain to call in regular physicians, who found the cases to be of typhus fever. I did not see any of the patients, but Drs. Jump, of Dover, and Sharp, of Camden, said the petechiæ resembled those of aggravated cerebro-spinal meningitis, while the fever was of a typhus nature, and most of the cases recovered in fourteen days under the new treatment, though some lingered for weeks.

That there was a common origin here for differing phases of the same disease, as there is again and again in other cases, is difficult to be set aside. The same disease in the same person, as in my case, will present the phases of two or three recognized diseases, and seen by different physicians at different times would go far toward deceiving That the plague described by Boccaccio, which he the very elect. does at great length, was a modified form of typhus, I verily believe: and that typhus and cerebro-spinal miningitis may be due to the same cause, I as readily consent. Both occur among the ill-fed, the ill-clad, the ill-lodged, in a proportion under the same circumstances. Murchison, in his treatise on Continued Fevers, gives abundant instances of typhus fever occurring in jails, hospitals, workhouses, ships, and unventilated tenement houses crammed with occupants. In 1841, Flint reported four cases occurring in the Erie County almshouse, in a small and crowded ward, heated and unventilated. The epidemic of cerebro-spinal meningitis occurring in the South of France, in 1837. attacked preferably the garrisoned towns. An epidemic of it in Ireland raged fearfully among the miserable tenantry of the low and boggy districts. Bondin has identified this disease, as it occurred in France, with typhus fever, from the most ordinary forms of which it differs only in the seat of lesion. He believes it contagious, since he could in no other way account for its tendency to attack crowded depots and garrisons. Says Wood: "I have little doubt that wherever it occurs as an epidemic, presenting grave characters, it is in fact a form of malignant fever, belonging to the group of typhus diseases, and bearing a close analogy in general character to the typhus epidemic which prevailed in the United States in 1812, and for years afterward." Says Da Costa: "While fully admitting that we can not, from the evidence in our possession, as yet decide with certainty on spotted fever being merely modified typhus, and developed by the same poison, a larger experience with the disease than I had in 1864, when I first wrote upon it, makes me adhere still more decidedly to the opinion that it is not an inflammation but a fever of a typhus kind, kindred, to say the least, to typhus fever.

In a note appended to the page I have quoted from, the same author states that the blood rapidly deteriorates in cerebro-spinal meningitis. In the autopsy of a child, who died in twenty-four hours, he found the blood diffluent and black; in an adult patient, sick but two days, he detected blowing sounds in the heart, evidently of blood origin. And he adds "that the poisoned blood unquestionably gives rise to many of the nervous symptoms, and it is upon the blood and the nervous centres the poison mainly acts. In this respect the malady is very like typhus fever."

The subjoined table shows the similarities and dissimilarities of the snatomical lesions:

CEREBRO-SPINAL MENINGITIS.

Serous effusion, and sometimes purulent liquid found in the pleural and pericardial cavities, in the joints, and in the tunics vaginalis.

Deteriorated condition of the blood. Spleen enlarged.

Peyer's glands and follicles of Brunner abnormally distinct.

Absence of lymph and pus, and all inflammatory product in a certain proportion of cases.

In some cases cerebral meningitis only.

Fatty degeneration of the kidneys and liver.

In majority of cases surface of brain and spinal cord covered with exudation of lymph, chiefly beneath the arachnoid membrane and extending into the sluice between the convolutions.

TYPHUS FEVER.

Heart often flabby and softened.

Blood dark and fluid. Spleen enlarged.

Peyerian glands more distinct than usual, having a "shaven beard appearance."

Congestion and effusion not uncommon, but unattended with lymph.

Cerebral congestion not uncommon.

Kidneys are apt to be congested; sometimes enlarged, and convoluted tubes may be filled with desquamated epithelium.

In 1847-8 Prof. Alonzo Clark observed appearances denoting meningitis.

Effusion of serum into the ventricles of the brain, the subarachnoid space, and the arachnoid cavity. Thus it will be seen how nearly alike are the anatomical lesions of these diseases, and where one outvies the remains of the other. What is it but the fatal opulence of a more enterprising phase of the same disease?

KEYPORT, Oct. 4th, 1875.

MORRIS COUNTY.

To Chairman of Standing Committee, &c.:

With a view to eliciting a response from every member, I have made an experiment which has been so successfully inaugurated, that I am led to believe that it is a step on the way to a method, which, if thorougly adopted by the other District Societies, cannot fail to make our sanitary reports more complete than they have heretofore proved to be. Under appropriate headings I arranged a series of questions to be an-These were printed on letter paper with ruled blank spaces under each question for the reply. On the first of April a "blank" was sent to each member with instructions to "fill it out and return to me before the 15th inst." About half of the blanks were used and returned within the time specified, and in the week that followed many more came. This gave me a brief history of the diseases that occurred in different parts of the county, with many very interesting facts in relation to the causes, pathology, treatment, death-rate, etc., thus proving the possibility of a communication from a majority of the members, and that too in a systematic form, which facilitates somewhat the work of the reporter. The cost of printing the blanks is but small, and even this could be greatly reduced by omitting the dates and having them made in quantities sufficient for several years.

Of the diseases incident to the seasons, there was a marked increase, with a corresponding increase of mortality through the hot season and during the months of February and March. The spring, fall and early winter, were generally healthy. We have been visited by most of the so-called contagious diseases of childhood, which have usually been of a very mild In three localities only, Rockaway, Boonton and Middle Valley, was the death-rate thereby materially altered. In each of these places, during the fall, winter or spring, diphtheria prevailed as an epidemic. In the vicinity of Rockaway there were probably one hundred and fifty cases; about twelve per cent. proved fatal. At Middle Valley there were, perhaps, forty cases. Under a particular plan of treatment there were no deaths; while the percentage reported from a different method of medication is quite large. In another place we will attempt to account for the difference in results. At Boonton there were about thirty-five cases, of which fully twenty per cent. proved fatal. Aside from sporadic cases of diphtheria, a few are reported from Pompton, Morristown, Mendham and Dover.

Scarlatina of a mild type has occurred in Morristown, Parsippany, Boonton and Pompton. In the latter place and the country north of it, it was quite plentiful.

A few cases of pertussis are reported from every part of the county except Morristown. It appears that this pleasant little city was especially afflicted with an epidemic of hooping-cough in the year preceding this, so there are left fewer subjects who do not possess an immunity from the disease.

Parotiditis is reported from Mine Hill, Dover, Mend-

ham, Morristown and Rockaway. In the practice of Dr. Avers, at the latter place, metastasis to the testicles was of frequent occurrence. In the case of a female the mammæ and generative organs were the seat of secondary trouble. The breasts were swollen and painful, with severe aching pain through the pelvis and external organs. Dr. Cummins, of Dover, also records a number of cases wherein the testes became affected. An epidemic of roseola which commenced at Stanhope, Succasunna and Flanders in the north, and western part of the county in the spring of '74, slowly migrated east by south, reaching Morristown several months later, where it continued to prevail for a considerable time during the past year. This rare, yet interesting affection, was characterized by scarlet red rash, with or without eruption, with a good deal of febrile disturbance. The peculiar sore throat of scarlatina, and the pathognomonic cough of measles were almost invariably wanting. Not any of the cases which came to my notice were accompanied or followed by any of the complications or sequelæ so common with measles and scarlatina; hence, a distinct and separate disease-conjunctivitis-which was quite prevalent in Morristown, appeared to assume the peculiarities of a contagious disease.

Our county has been unusually exempt from variolous disease. Dr. Cooper, of Parsippany, reported a case of varioloid, and Dr. Ryerson, of Boonton, one of variola; both recovered. Rubeola or measles has prevailed to more or less extent in every part of the county except Rockaway, Dover, Port Oram, Mine Hill and Succasunna. These places are very near each other. A circle with a radius of four miles will include them all. This district is thickly populated,

and within its limits are fifteen practicing physicians. The very interesting fact in connection with this subject is, that during the fall, winter and spring of '71 and '72, this district was visited by an epidemic of hemorrhagic measles, "rubeola nigra," "black measles," of a malignant type; very many cases proving fatal. The sweep was so thorough and clean, that we have since had only sporadic cases. For the past year not a single case is reported within this district. It would seem that not only the extreme prevalence, but the severe form of the disease, has had something to do with the comparative immunity we appear to have possessed from it for the past four years.

During the summer and fall, intermittent fevers were very abundant at Pompton and Middle Valley. At the latter place they were more prevalent in the immediate vicinity of the recent excavations for the Longwood Valley railroad. Very many of the cases assumed a typhoid character. Intermittents were also quite prevalent at Succasunna and Parsippany, but very scarce at Mine Hill, Port Oram, Rockaway, Morristown and Boonton. At the latter place other diseases have shown a strong tendency to periodicity. This phase is described as unusual for that locality. They generally yielded to anti-periodic doses of quinine.

During the hot season dysentery was very abundant at Parsippany and Mine Hill. Succasunna, Rockaway, Boonton and Dover were favored with about the usual amount; while at Middle Valley, Mendham, Morristown and Pompton it was less frequent than in former years. Cholera infantum was plentiful in Parsippany, Mine Hill, Succasunna and Middle Valley. Dr. Farrow, of the latter place, has met with more

cases than in any year previous. With this marked increase of cholera infantum, he says there has been a corresponding decrease in the amount of dysentery.

Cholera morbus has been plentiful in the northern central part of the county, particularly among the miners in the iron mining localities. In the village and vicinity of Rockaway it is estimated that there were not less than one hundred and twenty-five cases, of which three or four proved fatal. A large proportion of the cases were among foreigners of the laboring This disease has generally been much more abundant in the mining localities where the populace is largely composed of English and Irish. An extensive personal acquaintance with this class of people, and the disease in question, has convinced me that the change of climate is a predisposing, while the change in diet is the exciting cause. It is certainly less frequent among the thoroughly acclimatized, and still more scarce with the staid Americans. though not always, can the disease be traced to the ingestion of large or small quantities of green vegetables or unripe fruit. I have repeatedly seen the patient vomit a meal which remained undigested, although eaten many hours before. A large per cent. of the patients retire to bed in usual health; some time during the night the patient is awakened by severe pain in the bowels, which soon becomes excruciating. Vomiting and purging now begin and often continue until the contents of both stomach and bowels are ejected. After this the pain gradually subsides, and in a few cases would probably cease without treatment. Cramps in the legs, arms and back, often occur when the abdominal pain begins to abate. Fortunately this apparently dangerous, yet seldom fatal disease, is a

self-limited one, and one for which we have a ready antidote in the use of morphine. If called to a patient before vomiting occurs, or while the stomach is yet in an unsettled condition, I invariably give morphine hypodermically. The pain quickly ceases and the vomiting and purging also. This has been most successfully followed with opium or calomel in small doses; occasionally alkalies and stimulants are given. I have met with not less than ninety (90) cases in the past three years, of which not one has proved fatal. Dr. Ayers reports very satisfactory results from the use of aromatic spts. of ammonia and other alkalies, with bismuth and opium. The Doctor seldom resorts to sub-cutaneous injections of morphine in this disease.

An epidemic of influenza or catarrh prevailed throughout the western part of the county during the winter and spring. At Mendham, where it was most abundant, it attacked both the old and young; being especially severe with the aged and those possessing a low degree of vitality. Other lung troubles were unusually plentiful at Middle Valley, Mendham, Parsippany, Boonton, Rockaway and Pompton, and comparatively scarce in other localities. At Morristown, during the winter and spring, simple bronchitis was rather in excess of former seasons. Dr. Barker thus writes of it: "The coryza and cough have been generally moderate, while the febrile movement and malaise have been marked, and the debility often extreme." The Doctor believes "that epidemics of this character are essentially and primarily neuroses. I have based my treatment on this hypothesis, quinine and Dover's powder, and a careful attention to nutrient alimentation, and often stimulants have seemed to do most good." Dr. Romondt, of Pompton, also records satisfactory results from the free use of quinine in bronchitis. The comparative frequency of intermittent and remittent fevers during the winter and spring months has been an object of note with physicians in different parts of the county. One physician accounts for this excess by "the open winter and very little snow to cover the decaying vegetation." It has appeared to me that the season was so warm that the poison failed to "freeze up." The history of malaria has certainly proved that with the frost and cold weather this class of diseases grow exceeding scarce, and that a very cold season is often a perfect blessing to the chronic sufferer.

Simple non-malignant throat troubles were quite abundant in Dover during the spring. Dr. Pierson has kindly furnished me with the mortuary returns for Morristown. They are as follows: total number of deaths from April 1st, '75, to April 1st, '76, 151; from April 1st, '74, to April 1st, '75, 138. The increase of the past over the preceding year is owing to the unusual number of deaths during the months of February and March. The other seasons were characterized by a moderately low degree of mortality. I have been unable to procure an authentic report from any other place. There has been throughout the county about the usual amount of sickness, with a proportionate death-rate.

Therapeutics.—The treatment adopted by Dr. Levi Farrow, of Middle Valley, in the epidemic of diphtheria, which then prevailed, was briefly this: "Cold water and ice to the throat externally; frequent carbolyzed lime water inhalations; chlorate potassa for patients who could gargle. The most severe cases were kept in a room filled with the vapor of boiling

hot water; they also almost constantly breathed from a pitcher containing slacking lime, strongly impregnated with carbolic acid. Caustics and strong astringents were not used locally. Internally, tinct. of sesqui. chloride of iron and chlorate of potassa, quinine, sulphate of soda, and systematic alimentation and stimulation. Out of twenty unmistakable cases, five or six of this number, involving the larynx and nares, not one proved fatal. With hot applications and drinks, and opposite treatment, a neighboring practitioner lost one out of three." In view of its supposed action, Dr. Romondt has made use of belladona as a prophylactic against scarlatina. The result was unsatisfactory in every instance.

Dr. Barker thus writes of salicylic acid: "I use it in all contagious and infectious diseases; and for nearly two years have used it as a prophylactic in them all. In no instance has it seemed to fail. In other words, when its use has been persisted in, there has never been a second case of either diphtheria, scarlatina or measles. In a recent instance an unprotected girl took care of a sister who had scarlatina, and she escaped even a sore throat."

In all inflammatory throat troubles Dr. Owen speaks highly of the frequent local application of salycilic acid of the following strength: a drachm of the acid to three ounces of glycerine.

Dr. Levi Farrow has used an infusion of eucalyptus in ulcerated sore throat, with good results. He considers sulphite of soda an admirable remedy in fevers, cholera infantum and conditions of the stomach and bowels characterized by fermentation or flatulence, from indigestion.

In commenting on the alkaline treatment of rheuma-

tism, Dr. Carpenter says that he has found that the urine can be rendered alkaline more quickly by the use of liquor ammonia than by any of the "fixed" alkalies.

Dr. Cummins has relied on the sulphate of cinchonidia as an anti-spasmodic and tonic, almost to the exclusion of sulphate of quinine.

With Dr. Condict chloral hydrate is a favorite remedy as an anti-spasmodic, hypnotic and nervine.

I have used salycilic acid and the salycilate of soda as a disinfectant in almost all surgical dressings for the past year. It is equal to carbolic acid, and has not the disgusting odor which makes that remedy so very repulsive. I have also used it in most throat troubles, either alone or in combination with chlorate of potassa; in stomatitis, nasal catarrh, and for vaginal injections. In combination with three parts of sulphite of soda, it is soluble in fifty parts of cold water. A saturated solution possesses very strong disinfectant properties. While it is an excellent antiseptic, its imperfect solubility and the difficulty of concentration will render it inapplicable to some of the uses to which carbolic acid is applied. I have also used Croton chloral hydrate in neuralgia, with imperfect success.

Topical remedies are used by most of our physicians in the treatment of malignant sore throat, and are generally thought to be valuable adjuvants. Almost every means of local application, from the fashionable spray producer to the rough sponge swab, are used in this county. The following are the chief remedies employed: watery vapor of slacking lime, solution of chlorate of potassa, tincture of the sesqui-chloride of iron, salicylic acid and the salycilate of soda, tannic acid and the other astringents, lime water, spirits of

camphor, carbolic acid, permanganate of potassa, tincture of iodine and nitrate of silver. There is a decided choice for unirritating remedies that possess strong antiseptic properties. Nitrate of silver and other caustics are used with greater caution and doubt as to their efficacy.

About one-third of our physicians use calomel as a simple cathartic. One of our leading Doctors, a man long in practice, almost invariably produces a calomel purge in beginning the treatment of almost all of the acute inflammations. He also uses it in engorgement of the liver, in the early stages of scarlatina, diphtheria, and bilious and remittent fevers. A few of our number give it in small doses in combination with other remedies in the treatment of cholera morbus, cholera infantum and other gastro-intestinal derangements. The only morbid conditions in which any of our physicians strictly rely upon calomel, are certain stages of syphilis, engorgement and torpidity of the liver, and as a local application in abrasions of the cornea. A large proportion of the physicians in this county seldom use calomel for any purpose, while a few never administer it.

P. A. HARRIS, Reporter.

Dover, May 15th, 1876.

Ununited Fracture of the Tibia, successfully treated by Exsection after Failure to get Bony Union by Drilling.

BY P. A. HARRIS, M. D.

On the 7th of May, 1875, Samuel Pascor, a healthy Cornish miner, set. 28, by direct violence sustained a compound fracture of the tibia and fibula, at a point just above the junction of the lower with the middle third. Four hours after the injury, patient was ansesthetized,

the bones reduced, and a plaster of Paris dressing applied, including the foot and knee. A large fenestra was cut, at a point corresponding with the wound on the inner anterior aspect of the leg. Through this, the wound was dressed, and the pus absorbed by a carbolized sponge which was kept on the wound. For two weeks the pus poured from it in large quantities. The patient complained of but slight pain in the limb. Slept well at night without anodynes, and took a good generous diet.

On the 19th of May, the first bandage was removed and a new one applied. We then discovered a small opening on the outer anterior aspect of the leg, with a sinus leading to the fracture. This, as well as the wound, continued to discharge for several weeks.

On the 19th of June, the second dressing was removed and a new one applied. We allowed this to remain on until the 8th of July, nine weeks after the injury. An examination then convinced me that the fibula was united, but the tibia very imperfectly. Lifting the limb by the foot, caused the leg to bend considerable at the point of fracture. The opposing ends of the tibia could not be moved on each other, and traction sufficient to draw the patient along on the bed, failed to show the slightest separation of the fragments. There was but slight discharge from the wound. The sinus had closed, and probing through the wound gave no signs of detached or necrosed bone.

Regarding it as a case of delayed union, Drs. Hulshizer, Condict and Riches were asked to see it with me. My diagnosis was confirmed, and a new plaster bandage ordered. This was applied on the day following.

In a few days this dressing was split open, removed, and the leg thoroughly washed; after which it was sprung on again and held in place by a few turns of the roller. From this time the splint was removed daily, the leg well cleansed and the cast re-applied.

August 15th, finding the tibia no stronger, I directed the patient to commence bearing weight on the limb, with a view of exciting irritation and hastening recovery—the leg at the same time being well supported by a substantial plaster bandage. This plan of treatment was continued until the 16th of September, when it appeared as far from recovery as on the 8th of July, ten weeks previous.

I then proposed cutting down at the point of fracture, and remove, if possible, any cause which might be acting against recovery. The

patient became frightened and desired to enter the hospital. He accordingly gained admission into Bellevue Hospital, New York, on the 21st of September. He was immediately subjected to the drilling operation, by which the tibia was bored at five distinct points in the vicinity of the fracture. On the 7th of November he was discharged from the hospital. I then examined the leg and found it no stronger than on the 8th of July, four months previous. I waited one month longer to be certain the drilling process had failed, and on the 7th of December decided to operate as I had proposed three months previous, by cutting down to the seat of trouble. With the assistance of Drs. Hulshizer and Condict, I made a free longitudinal incision over the tibia. The opposing ends of the tibia were found united by a dense white substance, which had the appearance of, and was, doubtless, fibro-cartilage. This, together with very small pieces of necrosed bone, was removed by a very narrow bone gouge. The incision was closed by sutures and adhesive plaster, and the limb supported by two lateral splints of sole leather. The incision healed kindly, and ceased to discharge after the third week.

On the 7th of January the bone was firmly united, and did not bend as before when the leg was lifted by the foot.

On the 1st of February patient could bear his whole weight on this leg without the slightest deviation at the point of fracture.

At the time of this writing, April 1st, 1876, he walks quite well, over rough ground, unaided. There is no shortening; no deformity.

If the opposing ends of a fractured bone are brought in apposition and retained there, it is rare indeed that we fail to get bony union, even if the fracture be compound. That failure is possible, however, and occasionally occurs in healthy subjects and under the best surgical management, has been proved repeatedly. Failure has followed the treatment by all of the popular methods, and in the hands of many of our best surgeons. It has occurred in instances (particularly simple fractures) more difficult to account for than the one in question. Let us review the conditions necessary for the successful management of a broken bone, that no one may thoughtlessly use this case as an argument against the use of plaster of Paris in the treatment of fractured leg. All treatment is divided into physical and constitutional management:

- 1st. To reduce the fracture and maintain it in place.
- 2d. To keep the vital forces up to par.

There are three causes for the motion and displacement of a broken bone—Voluntary and Involuntary Muscular Contraction, Gravitation, and Interference. An appliance which will mest successfully overcome all these forces, with the least pain and discomfort to the patient, is the one to select.

There is no doubt that muscular rest can best be secured by light equable pressure exerted over the muscles acted upon. In my opinion there is no appliance which so thoroughly accomplishes this, and at the same time so completely overcomes the other forces, as one or other of the so-called immovable dressings. Bandages saturated with liquid starch, or silicate of lime, or plaster of Paris, applied to the limb and allowed to harden, form a cast, and so constitute an immovable dressing. It may be split open, however, removed and re-applied without materially impairing its usefulness; hence they are often termed "'movable-immovable dressings." These dressings take the form of the limb to which they are applied, fitting it in all its contour. If properly made, as by one skilled in their use, they not only keep the bones immovably fixed in one position, but by increasing the area at every point which serves for counter-extension, lessen the liability to sloughing, and are more comfortable to the patient than any other form of appliance.

In the past three years of private practice, I have treated with marked success (except the case in question) fractures at different points of the arm, forearm, thigh and leg. Some of these were compound; three very severely lacerated.

In lieu of these facts, who could ascribe this failure to the form of splint employed?—particularly since this method of treating fractured leg is endorsed by our leading surgeons, and employed so generally in the hospitals.

The patient was in an excellent state of health; tonics being used only during the first two or three weeks, when the discharge was very profuse. The discharge grew scanty and entirely ceased at a time when bony union ought to have taken place. There was no necrosis. There was neither a history of syphilis or osteomalacia, and I can assign no rational cause for the failure to at first get bony union, except the extreme injury done to the soft parts at the point of fracture.

Of the plans of treating ununited fractures, perhaps not one has found more general favor with surgeons than the process of drilling the ends of the fragments. It is true that bony union has followed counterirritation, friction of the broken ends on each other, electricity, &c.; but success by the former has so often followed failure by one or more of the latter methods, that it is now regarded as the operation most worthy of a trial. But there are conditions in which it also fails, and we are led to try a more formidable yet truly sensible method of cutting down to the seat of trouble, and removing the cause, if it may be found.

In one instance the failure may be due to necrosis of the shaft; in another to a detached fragment of bone or some other foreign substance between the opposing ends; in a third the broken ends may have been kept separated, as, by undue extension, or, like the case in question, the bones may have been nicely reduced and kept in place, but for some reason, not easily accounted for, they have only united by a kind of fibrous tissue which cannot be formed into bone.

Dover, May, 1876.

CASE OF EMPYEMA.

BY HENRY HULSHIZER, M. D.

On the 27th of February, 1875, was called to see Samuel G..., æt. 19; found him suffering with pleuro-pneumonia of the left lung, also pneumonia of the lower lobe of the right lung. Pursued the usual treatment in such cases, which was continued for ten days. Being no improvement, Dr. Condict was then called in consultation. Patient continued about the same for several days after this, when Dr. Rossi was also called in consultation. The treatment was then changed, but no improvement followed.

March 16th. Percussion gives complete dullness over the whole of the left lung, encroaching on the right. Inspection shows marked fullness; heart's impulse just beneath the sternum but slightly higher than normal. As the effusion increased, the heart moved to the right border of the sternum. The area of dullness also extends beyond the median line. With these changes respiration became more difficult, the patient could no longer breathe comfortably with the head and shoulders low.

On the 21st of March, Drs. Condict, Rossi and myself attempted to remove the fluid with an aspirator, but failed, the fluid being too thick to pass through the tube. A medium-sized trocar and canula was then introduced. On withdrawing the trocar there was a free discharge of healthy pus, to the amount of three pints. The canula was withdrawn, and the wound left to heal, which it did in three or or four days. After this time the patient appeared to improve for several days; the heart, however, remaining well to the right. The contraction of the left side was quite perceptible immediately after aspiration.

By April 3d the chest had again filled so as to make respiration more difficult. At this time Dr. Condict and myself again met to operate, but an examination convinced us that it would open internally. The operation was postponed. Our apprehensions were well founded, for we had scarcely left the patient when he commenced coughing enormous quantities of matter. An opening was no doubt formed from the pleural cavity into one or more of the bronchial tubes, and through this the pus escaped.

On the 6th of April it opened again externally, at the point of paracentisis. The amount of pus discharged by the internal opening must have been from two to three quarts, and less than this amount from the external opening at the last issue. The external opening continued to discharge four weeks, when it healed without trouble.

From the 6th of April the patient gradually improved until the 5th of June, when he returned to his home in the north of England.

While he remained in this country the heart never returned to its normal position, but remained under the sternum. When last heard from, he was in good health, and at work in the mines in England.

PORT ORAM, May, 1876.

CASE OF SEPTICÆMIA, RESULTING FROM A COMPARATIVE SLIGHT WOUND.

BY DR. F. W. OWEN.

December 24th, 1875, called to see Wm. B., a German, æt. 28. A few hours before, while using a drawing-knife in the woods, the knife slipped and inflicted upon the knee-pan a wound about two and one-half inches long, and penetrating the patella. He had lost considerable blood, and I proceeded (not having my surgical needles with me, and being out of the town) to dress with strips of the "American Skin Plaster," covered with a roller bandage saturated with carbolized

oil (one part crystals to twenty of olive oil, with sufficient glycerine to dissolve the acid), and directed perfect rest on the back.

Dec. 25. Removed the plasters and soiled bandages, and re-applied the carbolized dressings alone. Found the wound not uniting.

Dec. 26. Had had some fever. Edges of wound gaping. Ordered small doses of aconite if fever returned, with nourishing food, and dressed as usual.

Dec. 27. Knee not looking well. Had had what afterwards proved to have been rigors, alternating with flushes of heat, and followed by fever for an hour or two. The house being in a marshy "hole," surrounded by low hills, I concluded my patient was threatened with a return of his chills. I should have commenced at once with quinine, but delayed twenty-four hours, ordering only stimulants and nourishment, and adding to the fresh dressings a wide band of oiled silk.

Dec. 28. Patient doing poorly; wound gaping and of a purple red color; knee swollen. His friends reported alarming "spells" and a sleepless night. Apprehensive of septic absorption, after dressing the wound and replacing the oiled silk, I ordered twenty grains sulphate of quinine after the next attack of fever, and four grains every four hours afterwards; also generous quantities of old apple whiskey, and all the concentrated beef tea and milk that could be taken. The wound to be kept perfectly clean.

Dec. 29. Patient had been at times delirious, and at times clammy. Found the knee much swollen; not very red but very painful, especially on the inner side; wound covered with a sanious pus (which was found in varying quantity for a week afterward). I punctured the most painful point deeply with an exploring needle, withdrawing only a little bloody serum. The puncture caused great distress at the time, but was a useful procedure. The abscess I was looking for did not occur. Continued the quinine in full doses; discontinued the carbolized oil, and dressed the wound as follows: powdered the wound thoroughly with pure salicylic acid, then wrapped the knee in a hot poultice medicated with Labaraque's solution, then wrapped the whole with double thickness of dry flannel, then swathed it with oiled silk. This process to be attended to twice or thrice daily.

Dec. 30. Had had sinking turns, with clammy sweats, followed by fever and delirium, but found him rational and the climax apparently reached.

From December 80th to January 3d I attended him twice daily,

while his system struggled with the septicemia, and witnessed alternate improvements and periods of sinking and threatened collapse. The wound was dusted morning and evening with the powdered salicylic acid; the hot poultices, medicated with the muslin wrung from Labaraque's solution, were faithfully continued, and the knee was kept swathed in flannel and oiled silk. Internally, I added to the quinine, "Beef Wine and Iron" for the appetite, as well as the most generous diet.

The periods of sinking fortunately grew less in frequency and duration, while the knee and leg gradually became smaller, and the wound assumed a more satisfactory appearance, filling up with healthy granulations, and finally closing from the edges. A week later, the patient walked two miles with comparative little fatigue and only temporary swelling, and is now doing well.

The case is interesting as showing the danger, especially with unfavorable hygienic surroundings, of apparently alight bone wounds; the indispensable character of quinine, should there be purulent infection, and the great value in the treatment of wounds of salicylic acid, topically combined with perfect exclusion of air, and the production of local diaphoresis by means of the poultice and oiled silk method. I may add, in concluding these hurried notes, that the temperature of my patient, taken in the axilla, did not fall below 98 degrees nor exceed 102 degrees Fahrenheit.

Morristown, May, 1876.

COMMUNICATIONS.

BY J. G. RYERSON, M. D.

I.—Fracture of the Epiphisis.

On June 7, 1875, was called to see J—— B——, a boy aged 15 years. On the day before, he fell eight feet on his left shoulder. I found a rather large rounded prominence in front of the coracoid process, below the clavicle. His friends said the swelling was there immediately after the fall.

The belief that a dislocation had occurred suggested itself so forcibly that at once I attempted to reduce it. Being unsuccessful, and finding I gave considerable pain, I tried again with the use of chleroform. While manipulating I got a muffled crepitus: it then occcurred
to me, what I ought to have known at the first, that the case was one
of fracture of the epiphisis. I had read Dr. E. B. Moore's able paper
on this subject, delivered before the American Medical Association of
the year before, and it was plain that this was a well-marked case of
that kind of fracture. The head of the bone could be felt in the glenoid cavity, there was slight shortening, crepitus, and a rather large
rounded prominence in front of the coracoid process.

On account of the tenderness produced by the handling, the dressing was deferred until the seventh day. It was then dressed somewhat after Clark's method of treatment for the fracture of the surgical neck.

The fracture was reduced by carrying the arm forward and upward. The upper end of the lower fragment was kept outward by a pad in the axilla, and somewhat backward by a strip of adhesive plaster around the humerus and around the body. Another plaster commencing from the outside of the arm above the middle, to below the elbow, and up to a point opposite on the inside of the arm. A weight was suspended from the loop below the elbow to produce extension. The arm was then bandaged, the forearm flexed to less than a right angle, with the elbow near the side and a little to the front.

The dressing was entirely comfortable, and when removed on the twenty-fourth day after the injury, there was little deformity, and every motion of the arm was perfect and complete.

Although the result was very satisfactory, still if at the time I had been familiar with Swineburne's apparatus, as recommended by Dr. Moore, I should have used it, as I believe I shall do in my next case.

These cases are of interest because most practitioners make the mistake of supposing they have a dislocation, whereas a dislocation almost never occurs. If the fracture is not recognized, permanent impairment and deformity will result; but, if properly treated, there is no fracture in which the union is more rapid and perfect.

I took occasion in this case to verify as far as possible the points of pathology and diagnosis spoken of by Dr. Moore. I believe he has elucidated the subject most thoroughly.

BOONTON, May, 1876.

II.—Œdema of the Glottis.

On the 16th day of April, 1875, D—— M——, a healthy man, forty years of age, gardener by occupation, consulted me about his throat. He said it had troubled him for two or three days, and he had supposed that he was "going to have another attack of quinsey." I could find only a little redness and swelling about the fauces.

On the 17th, he said his throat was worse—that it pained him. The appearance was much the same as the day before, except that it appeared more livid. I told him there was not much trouble, but he thought there was. Was called in the same evening, when he told me that he feared there was more trouble than I supposed. His voice was not affected, no difficulty in breathing, countenance somewhat pale, pulse a little more frequent and rather small. There was pain about the larynx, with livid appearance of the fauces. I left him without being able to quiet his apprehension.

At about daylight the next morning I was aroused by his wife, who said her husband "had a smothering in his throat." The patient lived only a few rods off, and I went there as quickly as possible. I found him on the verge of suffication. I was told that a few minutes before he had attempted to gargle his throat, and immediately he had great difficulty in breathing.

His pulse was 125, small and weak, countenance pallid, eyes sunken, and lips livid. The breathing, both in expiration and inspiration, was loud and extremely difficult. He pointed to the larynx as the cause of the trouble. This examination convinced that it was cedema of the glottis.

I proposed to operate at once by the mouth, and in case of failure to open the trachea. At this time Dr. S. Pierson came and confirmed the diagnosis. At his suggestion, instead of using a hernia-knife, an ordinary hatchet-shaped gum-lancet was used, the handle and blade together measuring five inches. While Dr. P. held the head firmly back the left index finger was crowded firmly down until it reached the rim of the glottis; the point of the lancet was then carried beside the finger until it reached the rim of the glottis; after two or three strokes of the lancet both the finger and the lancet were withdrawn. The patient immediately drew a full inspiration, and said, "I am well." And he was well, for the relief was immediate, complete and permanent.

After the withdrawal of the finger it was noticed that it was streaked with a slightly reddish and partly viscid fluid. From the time when first summoned not more than 12 or 15 minutes elapsed until the patient was relieved.

Œdema of the glottis is a rare and rapidly fatal disease. Many die before they are seen by the doctor, and many more die before he is ready to operate.

The hernia-knife and a covered scalpel have been used, but they are seldom at hand, while the gum-lancet is carried by almost every practitioner. It is safe, and if about five inches in length it can be introduced wholly within the mouth, even if the head be not held well back.

It is quite generally recommended in these cases that the trachea be opened at once. According to Dr. F. Hamilton, eleven cases have been reported that were relieved by scarification. It would seem that relief by the month ought to be attempted in every case, since it can be quickly and safely tried. Whatever may be the objections to operating by the mouth, it must be admitted that there is nothing that a medical man can do that gives such brilliant results—for the patient is carried at once from impending death to complete convalescence.

Boonton, May, 1876.

CHRONIC DYSENTERY TREATED BY INJECTIONS OF CHLORATE OF POTASSA.

BY LEVI FARROW, M. D.

I am persuaded, both from personal observation and the reading of authorities, that chronic dysentery is a malady of not infrequent occurrence, and often a very unmanageable disorder. From the favorable result that has attended a particular course of treatment in a case of this kind, I am led to report the following:

Mrs. Annie L., aged 68, had suffered from an exhausting diarrheea, with dysenteric symptoms, for several weeks, when she came under my care for treatment. The severe drain to which she had been subjected had greatly reduced her. The injections were often slimy, bloody, and offensive; at other times almost natural. At times there were only two or three discharges per day; again there would be an almost constant going to stool. Sometimes the passages were semi-solid and

natural in appearance; then they would become bloody, or slimy, or purulent, with perhaps scybala. The evacuations were generally preceded by a sharp pain in the rectum, and were followed by a tormenting unsatisfied condition of the bowels, which the patient termed a "loose feeling."

I prescribed an occasional aperient, followed by opiates and astringents, antacids, tonics, &c., with varying effect. Sometimes she appeared better, at others worse. Her general health did not improve. I varied the treatment from time to time as I found that one or other of the prescribed remedies failed to produce the desired effect. diet was restricted to the most nutritious and easily digested food. Opium had such a disagreeable effect that I was forced to discontinue I then gave her teaspoonful doses, ter-die, of the sub-nitrate of bismuth for several weeks. There was some improvement, but no eure. At the suggestion of my friend Dr. Mattison, I gave her a course of salicine, until she had taken two or three ounces, but with only temporary relief. Other physicians were counselled, and some of their "never known to fail" prescriptions faithfully but unsuccess-She became more and more emaciated, until she was fully tried. truly nothing but "skin and bones," and her demise was considered close at hand. When about to give up in despair, I fortunately observed in the "Compendium of Medical Science," a report of obstinate cases being successfully treated by injections of chlorate of potassa, per anum. I immediately directed an injection of two ounces of a saturated solution (water and glycerine in equal parts.) after each passage, or at least two or three times a day. The glycerine was soon omitted from the prescription and a simple watery solution substituted. At first the patient could not retain the injection: this was partly, overcome by keeping her in the recumbent position after each injec-The fluid was generally retained about half an hour.

I visited her in two or three days after instituting the above treatment when in exchange for the usual reply "no better," she said she "guessed she was doing middling well," and convinced me of the truth of the assertion by directing me to a vessel containing recent dejections. I will never forget their appearance, for, aside from fecal matter, slime, &c., there was at least a handful of scabs and what appeared to be shreds of membrane. There was one strip which measured half an inch in width and three and a half inches in length. The discharge maintained this character, except that in a few days the scabs ceased

to appear. Although greatly relieved, convalescence was not as rapid as I had hoped for. She still complained some of that loose feeling, as she described it. Although the passages were generally quite natural, both in appearance and frequency, yet they would occasionally assume the old character. Suspecting ulcerations higher up, I now substituted the vaginal for the rectal nozzle, when more scabs appeared, and the patient took another step forward; but, as before, they soon ceased to come, and although there was a decided improvement, she found another halting place. I then attached a large sized gum catheter to the syringe and had her introduce it the whole length. It was an old one and allowed the fluid injected to coze from all sides like a strainer. This was followed by another harvest of scabs; but they soon ceased to come and my patient slowly, but surely, improved. She still had a relaxed condition of the bowels, however, which was easily controlled by 5 to 10 grs. doses ter die of a powder composed of equal parts: Dover powder, sub-nitrate of bismuth, tannin, and sulphite of soda, which I had before administered with quite good effect, only that it was powerless to perform a cure previous to the use of the injections. She also wore (suspended from the shoulders) upon the bowels a large thick compress, frequently wrung out of cold water, which she thought did her an immense amount of good in removing tenderness and giving tone to the bowels. She is now well, and has passed through two diarrhoad seasons without a return of bowel complaint. I am prompted to report this case from a desire to help bring to the attention of the profession a means of treatment which I have great reason to believe is not much resorted to, in this tedious, intractable and often fatal disorder.

MIDDLE VALLEY, May, 1876.

PASSAIC COUNTY.

To Chairman of Standing Committee, &c. :

In accordance with your request, calling for opinions as to the value of topical remedies in malignant sore throat, and also as to the cases in which calomel is considered the most beneficial, the reporter has sent notes to the different physicians composing our Dis-

trict Medical Society, to which but one, Dr. A. W. Rogers, has responded. He says: "In answer to the query in regard to the topical applications in malignant sore throat, I would say that I seldom make any except by the way of a gargle, and swallowing the In diphtheria I usually trust to the application made in swallowing the quinine and iron, chlorate of potash and alcoholic stimulants, which alike serve for the constitutional and local disease. have tried the carbolic acid spray, but without much satisfaction. I have not tried salicylic acid. the patient can gargle the throat, I have seen alum, tannin and glycerine of benefit, and have occasionally applied to the tonsils the alum and tannin in powder. I also think well of a gargle made of yeast, honey and brandy. Some very bad cases of diphtheria I have seen recover without any local application, under full doses of quinine, tr. chloride of iron and brandy, and have known many to perish where the most diligent use of escharotics was made.

The cases in which I now think calomel of the highest value are the second stage of croup and some cases of pneumonia. I would hardly undertake to treat any decided case of croup, if I were debarred from the use of this potent remedy. If emetics and the adjuvant treatment do not give decided relief in three or four hours, I immediately begin to give a grain of calomel and a quarter to half a grain of ipecacuanha every hour; and if there be much of the stridulous breathing, sometimes every half hour, and continue it until the harshness of the cough and the tightness of the breathing are relieved. I know nothing like it to alter the plasticity of the exudation, which in this disease packs the larynx and trachea,

and thus shuts out the vital air. At the same time I give much more attention to securing nutriment and avoiding catharsis, excessive perspiration, and all the prostrating remedies, than I did in the early part of my practice, when all these things were counted so important as antiphlogistics. Tartar emetic, excepting one or two emetic doses in the very early stage of the disease, and very minute doses afterward in the more robust, I think a dangerous remedy from its very rapid prostrating effect. In mild cases, ipecac is much to be preferred, and in the severe cases there is nothing like the turpeth mineral (sub-sulph. mercury) for promptness and efficiency as an emetic, without much prostration.

Where the secretions are scanty in pneumonia, and the expectoration a rusty or blood-colored frothy mucus, the dyspnœa great, and the substance of the lung becoming rapidly hepatized, I know of nothing so reliable to arrest this condition of things and to insure an early resolution of the disease, as small and frequent doses of calomel combined with opium and ipecac. It is not necessary to carry calomel to the extent of risking salivation, if the case be cautiously watched, and it forms but a part of the necessary treatment; but in my judgment it often forms a very essential part, and the most diligent use of all the more modern remedies in many cases will not supply its place. I have seen speedy relief from its use too often to doubt its efficacy, and would feel guilty did I not occasionally resort to it."

During the past year, Paterson has been visited by scarlatina and diphtheria, and also by a few cases of variola; the latter, however, was pretty thoroughly isolated and quickly controlled.

Of diphtheria there have been many cases, with quite a large percentage of deaths. The treatment which in the hands of your reporter has been most successful, is that which is directed to the disease as a constitutional one entirely, and, as such, to be treated by general, rather than local remedies. Of these, the tincture of the chloride of iron and potassium chlorate, with stimulants and alimentation almost ad libitum, have appeared to yield the best results.

Scarlatina has presented about its usual variety of type; in some instances being so malignant as to overpower by its poison in a short time; in others so mild as scarcely to call for medicine at all.

In March and April, 1876, the epidemic of influenza which spread so extensively through the Middle States, prevailed to quite an extent here, but was generally more annoying than dangerous.

Our District Society is in a flourishing condition, numbering over thirty members.

Since the sending of the last report, our President, Dr. Orson Barnes, has been removed by death. After a lingering illness, he died July 23d, 1875, in his 46th year, sincerely lamented by a large circle of friends and patients, and respected by his associates in the profession.

Appended are cases of interest communicated by Dr. A. W. Rogers.

Respectfully,

SARAH F. MACKINTOSH, Reporter.

PATERSON, May 8th, 1876.

COMMUNICATIONS.

BY A. W. ROGERS, M. D.

I .- Report of Case of Scarlet Fever.

About noon, December 6th, 1875, I was called to see Eva H., aged about five years, who had been taken sick the day before. I found her semi-conscious; skin dry and hot, with a slight general eruption on it, and here and there patches of a deeper hue. Her tongue was red at the end, coated at the back part, her lips dry. She had a convulsive working of the mouth and head, and a knitting of the brows. She would not respond to any request. Her pupils responded to light.

I ordered her to be put in a tepid bath every two hours, and to keep a moist bandage around her body between the baths; also to anoint her with olive oil and lard every eight hours. Gave her bromide potassium, five grains every hour until she was more comfortable, and a tea-spoonful of a moderately strong solution of chlorate of potash every hour.

- 7 P. M. In all respects about the same; baths and medicines administered as ordered.
- Dec. 7, 10¹ A. M. Tongue red and clean as far as can be seen; not quite so much convulsive twitching of the face; at times she looks a little more intelligent; pupils respond to light. She seems sick at the stomach occasionally; neck a little swollen. I could not get a good look at her throat; there is some snuffling at the nose; temperature 102¹/₂. Baths and medicines continued the same; ordered a milk punch to be given her occasionally.
- 6 P. M. Child has rested more; has had the baths and medicines well administered. Her mother says that she is always more composed after the bath. She seems less nervous, and has been at times more intelligent.
- Dec. 8, 10 A. M. Child more quiet, but does not respond to questions; pupils sometimes contract and dilate widely in the same light. Pulse over 100, very feeble, irregular and indistinct; temperature 105. Has had baths, cold to the head, and iced drinks. The eruption is not uniform; irregular patches of more or less intense redness are scattered here and there over the body; continued the same treatment.
- 6 P. M. Temperature 104½; pulse very weak; parents say that she knows them well at times, and then relapses into an unconscious con-

dition; continued the moist cloths to the body, and the bath occasionally.

- Dec. 9, 9] A. M. Child appears more intelligent—notices her playthings; temperature 103]; pulse small and frequent. She swallows pretty well, and has taken some nutriment and milk punch.
- 5 P. M. Temperature 103; is more delirous; hard to get her to take anything.

Dec. 10. In all respects improved; she takes nourishment better; the temperature is less and the pulse stronger. The baths were continued, but not so frequently.

On the 11th, moist cloths were substituted for the baths. I continued to give her some bromide potassium, and gave also some expect-orant mixture of squilts and seneka and spts. nitre, as she had some cough. I also directed her to have on the 10th and 11th some injections of brandy and milk, as she did not appear to take sufficient nourishment. She was very restless, but her temperature was less, and she was more intelligent. From this time she rapidly improved, and made a good convalescence. The chief points of interest in this case are the severity and evidently congestive form of the disease, the apparent and decidedly beneficial effect of bromide potassium in allaying the nervous symptoms, the lessening of the body heat by the frequent use of tepid baths (which were but tepid, and during the hot stage of the disease almost cool), and the benefit of stimulus given by the stomach and by injection, in sustaining the action of the heart.

I have been in the habit, during all the course of my practice, of using tepid and cool baths during the hot stage of scarlet fever, having learned the treatment from Dr. Currie's reports, and the corroboration of its success by Dr. Gregory, of Edinburgh, as published in his Practice of Medicine, which was the common text-book when I was a student; and of late years I have been more and more convinced of the importance of its being the principal part of the treatment of this disease.

When the child is lifted from the bath, without drying, I have it wrapped in a warm fiannel or sheet and laid in the bed; this prevents fatigue and annoyance, and allows it immediately to rest, and thus more benefit is obtained by the procedure. I sometimes have it put in the bath every hour, or every three, four or five hours, according to the degree of heat and restlessness.

PATERSON, May, 1876.

II.—Excessive deposit of Fat over the Abdomen.

In December, 1874, I saw Mrs. J. D., aged about 60. She was sitting up and panting, with a good deal of dyspnæs. Her abdomen appeared enormously distended, and there was also great swelling of both legs; on one the skin was broken, and there was much weeping from it. Her countenance was florid, and the veins of the head and neck were full. Her pulse was regular, and of moderate fullness and frequency. Her urine was scanty, reddish and turbid, and yielded a little albumen on testing. She said that she felt great oppression in breathing, and that this condition had been coming on for some months.

I prescribed for her acetate of potash and infusion of digitalis, which was continued three or four days, without effect. After that I ordered full doses of bitartrate of potash. This loosened the bowels and acted a little upon the kidneys—but very little. I also tried some other diuretics, without benefit. She was very uncomfortable at night, and could get no rest. About the tenth night from the time I first saw her, I sent her 1 gr. of sulphate of morphine. She slept some during the night, but in the morning the breathing was more oppressed than ever, and the return of blood from the head and extremities more obstructed. Her pulse became very feeble and irregular; the abdomen appeared much distended, and yielded no resonance or percussion over the middle or lower part of it. Hoping to relieve her by tapping, I pushed in a trocar 24 inches long, about two inches from the linea alba, and three inches below the umbilicus. It seemed to enter a cavity, but no water flowed. I then tried it in another place, with the same result. Leaving the canula in position, I passed through it a smaller trocar 4 inches long; no water, but a few drops of blood, flowed out. Her breathing was becoming more and more obstructed, and she died in an hour. After death I passed in a long and large aspirating needle at the point of the first puncture, and drew off a basin full of turbid serum. I then opened the peritoneum, and found no more water of any consequence; but the fat on the abdominal wall measured five inches deep. The wall itself was thin. No farther examination of the body was permitted.

PATERSON, May, 1876.

III.—Report of a Case of Chorea.

On the morning of Monday, January 28d, 1876, I was called to see a young woman in her eighteenth year, of fair complexion and light hair, the oldest child of parents, both of whom were of a nervous temperament.

She had decided chorea contortions; the mind was also affected, and she had the usual willfulness and vacillation appertaining to this disease. The contortions were unusually constant and severe. She had been out at church the day before, and seemed pretty well, but it was afterward remembered that there had been something peculiar in her manner for some time before the attack, which now appeared to come on suddenly. Though not at all deficient in intellectual capacity, she had been unusually childlike in her manner and tastes. She had never menatruated.

I prescribed for her, at this visit, emenagogue pills (Hooper's), one pill twice a day, and Fowler's Arsenical Solution, four drops three times a day. I did not see her on Tuesday. On Wednesday morning between 8 and 4 o'clock I was called to see her, because of the violence of the contortions and her inability to sleep. I gave her some bromide of potassium, which quieted her somewhat. In the forenoon found her no better; increased the dose of Fowler's solution to six drops, and gave her some brom. potassium during the day; also ordered her to have a shower-bath. During Wednesday evening and night she was very bad; the contortions were very violent. I gave her at night two scruples of bromide of ammonium and 1-6 grain of sulphate of morphine. She slept but little, but writhed about, jerked her arms, head, legs and body continuously, and made most violent contortions in attempting to speak or swallow. She puffed, smacked, snorted and gulped, rendering it very difficult to get drink or a dose of medicine administered.

On Thursday she was a little more controllable, and had a bath. She took some breakfast of bread and milk. During the day I gave her some bromide of potass, and ammon. In the evening the spasms were again severe. I gave her then a dose of morphine to procure sleep, and administered chloroform, but with very temporary effect. She slept a little, but not long.

Friday morning she was about the same, but rather weaker. Despairing of doing anything with the arsenic in so violent and acute a

case, I changed it to sulphate of strychnia, beginning with 1-40 gr., three times a day, and intending to increase it according to its effect. Friday evening, tried to procure sleep with chloral hydrate, administering 25 grains in some sweetened milk. She was much disgusted with the taste, and, as it did not give her sleep, late at night I gave her a hypodermic injection of ½ grain of sulphate of morphine, after which she slept some hours.

Saturday morning she was evidently weaker; the spasms and contortions were about the same; it required constantly two persons to keep her in bed; her limbs could only be kept quiet by rolling them in the bed clothes. She found more difficulty in expressing herself, and in taking food; when she did speak, her mind was clear. At times she perspired a good deal. Her pulse was very difficult to count, owing to the contortion of the arms, but was evidently very rapid and feeble.

In the evening there was no improvement—she was rather worse. I put her under chloroform for an hour, which gave her rest for a while, after using it; in the night it was again administered, and she slept quietly for three hours. During the day (on Saturday) I directed spts. turpentine to be applied to the spine.

Sunday morning she seemed very weak, and the pulse indicated the need of stimulants; gave her some milk punch very early on Sunday.

At 9 o'clock there was less spasmodic action, so that she could swallow better, and she took some more nutriment; but at 10 o'clock she commenced to vomit, and vomited several times during the day. Ice was applied to the upper part of the spine, as was done also on Friday and Saturday, and appeared to relieve her somewhat.

During the forenoon, she was evidently growing weaker; respiration was more hurried and shallow; pulse rapid and feeble.

At 11 A. M., Dr. R. A. Terhune, of Passaic, saw her with me. Although the case appeared to him very grave, he still thought that she might recover. He could not see that it was anything but a much aggravated case of chorea. At this time, although so feeble, she could put out her tongue when requested, and answered correctly though with difficulty. She continued to vomit, notwithstanding the usual remedies for this symptom, through the afternoon and night.

At 4 A. M., on Monday, she was extremely restless, breathing very shallow and hurried; from being hot the extremities became cold; her whole body appeared in a quiver, and she died at 5 A. M.

I have seen many cases of chorea yield to arsenic, and some to large doses of sulphate of zinc and other remedies, and have usually commenced the treatment with confidence, and, until I encountered the case now related, had no proper conception of what might be its awful severity and rapid progress to the death of its subject. The "insanity of the muscles," like that of the brain, sometimes seizes its victim with such a savage, unremitting and unrelenting grasp, that not only the proper function but life itself soon yields to the foe,

PATERSON, May, 1876.

IV.—Apoplexy following Pneumonia.

I was called April 5th, 1876, to see Mr. H. W., a farmer, aged 52 years, of rather spare frame, temperate and active habits, who had usually enjoyed good health, but was given to smoking a good deal. I found that he had kept the house for a day or two and had suffered general symptoms of influenza, which was at that time prevalent in this vicinity. After a day or two, his cough increased and he had rather severe pleuritic pain; he was relieved of this by a blister, and appeared much better, when some decided symptoms of pneumonia became manifest. This reached its worst about April 12th or 13th, at which time, to relieve the cough at night and to give him some rest, a dose of sulphate of morphine (1-6th gr.) was administered for several successive nights; about this same time, during the exacerbation of the fever in the evening, he had some delirium. On the 16th, visiting him in the morning, I found he had very little cough and no difficulty of respiration; his pulse was moderate, the lungs clearing up nicely, physical signs good, and all his symptoms improved; but he had gone into a taciturn and rather sullen mood and refused to take any more food or medicine. He had been taking some quinine every forenoon, and some diuretic and expectorant mixture in the afternoon; also a moderate portion of milk punch, beef tea, &c. His condition not being urgent, I did not press upon him medicine or food, except the latter, in moderate degree. After a day or two, this mood passed away, and he was as cheerful and reasonable as could be desired; he appeared every day to be gaining strength, and was sitting up part of the time, when late in the afternoon of April 23d, he was taken with a chill; to this succeeded a comatose condition, and some arterial excitement, attended with some slight convulsive movements of the head and limbs; the coma became more profound until he died on the afternoon of the 24th. (During life no abnormal heart sounds could be detected.) What the proximate cause of this sudden attack which ended in death beginning at the brain was, whether hermorrhage, embolism or thromboses, circumstances did not permit us to discover, but the case shows how suddenly the physician's hopes may be disappointed when recovery is certainly expected.

PATERSON, May, 1876.

SUSSEX COUNTY.

To Chairman of Standing Committee, &c.:

From Vernon, Dr. C. Allen writes: "The health within the limits of my practice for all the fore part of the past year may be reported generally good. The cases calling for medical attendance were generally unimportant; the exceptions were cases of peritonitis, rheumatism and gastralgia. The first two yielded. readily to the usual modes of treatment." Speaking of peritonitis he says: "Authors pronounce it an idiopathic affection-one of the rarest of diseases-and find its most frequent cause to be perforation of the alimentary canal from ulceration, &c. I cannot say my experience coincides with this view. It appears to me to be nearly as common as pleuritis or inflammation of other serous membranes, and from similar causes."

He also reports a severe and protracted case of gastralgia, ending in recovery. Epidemics of scarlatina, measles and hooping-cough, have prevailed in his vicinity during the winter and spring, though not of a severe type; "but the pneumonia and bronchial inflammations have been more prevalent and severe than usual; all, however, ending in recovery save one case, which has gone on to suppuration; two abscesses have

discharged, and now, unfortunately, a third seems ready to follow."

Dr. Moore, of Deckertown, informs me that there was an epidemic of diphtheria in that vicinity last autumn, and during the winter and spring an epidemic of influenza and pertussis. He uses belladonna in the latter disease with gratifying success. In this practice there have been several cases of scarlet fever of the anginose variety, ending in recovery with one excep-The poison was directly traced to the clothing of a child who had died in Connecticut and which had been brought here. Of true diphtheria there were three cases in one family, two of which proved fatal. The remedies used were chlorate of potassa, mur. tinct. ferri., quinia and alcoholic stimulants, while the vapor of lime-water was kept constantly in the apartment. No other cases occurred. During the year there have been many cases of herpetic sore throat, which yield readily to a cathartic and chlorate of potassa. Some practitioners, who we believe know better, persist in calling these cases diphtheria, notwithstanding they do not possess one of the essential elements of that most fatal and malignant disease. Pneumonia and bronchitis have prevailed during the winter and spring; and if one may judge from outside reports, the former has been more than usually fatal, though not with us. The epidemic of measles and hooping cough mentioned by Drs. Allen and Moore, extended to this community. In many instances there were pneumonic and bronchial complications. Almost every man, woman and child in this vicinity, was complaining at one time this spring of the "cold that's going round;" epidemic bronchitis or influenza, the symptoms of which were frontal headache, coryza,

fever, loss of appetite, &c. Most of the cases were treated by domestic remedies, but occasionally the severer ones called for free purgation, followed by Dover's powder.

Malarial poison shows itself during the spring, summer and fall months, in the form of chills and fever, neuralgia and cephalalgia, for the speedy relief of which no remedy is quite so effectual as quinia. Isolated cases of typhoid fever have occurred during the year past, one case only proving fatal.

Since the last meeting of the Society, one of our active and useful members, Dr. E. W. Mains, of Flatbrookville, has been removed by death, in the prime of life; having the confidence of the community, his untimely demise is a severe loss to his friends and to the profession.

I enclose a communication from Dr. Thos. Ryerson, and a case by Dr. Carlos Allen.

J. P. COUSE, Reporter.

HAMBURG, May 18th, 1876.

COMMUNICATION BY DR. T. RYERSON.

1st. Let me call the attention of such as are not already familiar with it, to the value of iodoform, the analogue of chloroform as a local anæsthetic in painful ulcerations, especially at the rectum, ulcerating cancers, and in burns and scalds. My attention was directed to it by Dr. Van Buren, of New York. I use glycerole amyli as the excipient—an ounce of it with twenty grains of the iodoform—and apply with a camel's hair pencil. I doubt not that it may admit of extensive application.

2d. I wish to report, that full anæsthesia, by a mixture of chloroform and ether, has, in at least one case, produced entire relaxation of
the uterus, during labor. That case was a primipara, whom I visited
in consultation with Dr. A. The head presented, and was almost impacted, because in the position of extended chin or occipito-frontal

diameter transverse, engaging at superior strait. As the woman had had a violent and prolonged attack of abdominal pain, simulating peritonitis, it was thought that version would be hazardous. This is ordinarily the first mode of management, at least in multipara. In primipara it is hazardous to the child, because the head must be detained at the outlet by a tense perineum. But in these cases ordinarily the forceps are apt to increase the extension of the head, and I have no faith in the vectis. I have seen the use of the forcers necessarily followed by the use of the perforator and crochet. On the other hand, by version I have terminated several cases well and speedily. In this instance I decided on trying the forceps, on account of fear of peritonitis following version. The patient insisted on ether, which is barely tolerable in operative midwifery. The forceps were introduced readily; but not locking readily, were strongly depressed, without proper attention to the fact that this operation always tends to push them into the uterus. Refusing to lock, they were withdrawn for reintroduction. Proceeding to this, what was my surprise to find the head entirely receded, precisely as if the uterus was ruptured. I at once did a version, and, on account of the delay of the head, finished with the forceps. But the child was dead. Suffice it to say, there was no rupture. I had feared that it had resulted from a supposed powerful contraction during the full anæsthesia of the first introduction of the forceps. The ether was withdrawn as soon as the version was begun, so as to secure full contraction-very important indeed if there had been rupture. The simple explanation is, that the ether relaxed the uterus, and the act of depressing the forceps handles brought the blades against the fætal body and pushed it back. Every one can read the lessors which this case teaches.

8d. Although stone in the bladder is rare, yet it does occur in New Jersey. I wish to say that any physician who is familiar with the use of the solid bougie, may treat every case proper for lithotrity if he will carefully follow Sir Henry Thompson's admirable treatise. Indeed, it may be said in passing, that his several works on diseases of the urinary organs are destined to be classic for a long time. My authority for this assertion is, that I crushed an oval stone (principally urates) \(\frac{1}{2}\) by \(\frac{1}{2}\) inch, with one of Thompson's lithotrites, the first instrument of the kind I had ever handled, in three operations. The patient has been now two years free from all symptoms of stone. One of the fragments was seized with the alligator forceps in the beginning

of the membranous urethra, but was pushed back and withdrawn after a fuller dilatation of the passage. The second operation occupied eight minutes, and was slightly resented, as was shown by fever, &3. The third, however, followed in eight days. This and the first consumed five minutes.

CASE BY DR. CARLOS ALLEN.

I have not often in my professional life been required to prescribe for spermatorrhou, the sequel of vicious habits. But lately a young man of 23 applied to me to perform the operation of castration upon him, having suffered for years from this affection; having read everything he could find on the subject, and tried every remedy he could read of in vain. I do not mention the case to relate all the particulars. I treated him with bromide of potash; commencing with 10 grains three times a day, and increasing gradually to 32 grains each dose. The effect has been quite satisfactory, the discharge being checked in frequency to once in two weeks, and producing quite a perceptible change in the feelings and appearance of the patient.

Most clearly the medicine has shown a specific power over the sensibility of the parts involved in this disease.

VERNON, May, 1876.

UNION COUNTY.

To Chairman of Standing Committee, &c.:

The sanitary condition of this county for the year last passed, will compare favorably with that of any previous year. With a population approximating ten thousand, I can say of this city (Rahway), what I think can be said of no other vicinity with the same population, viz: that there was but one death in the city limits from August 8th to September 19th. In a residence of more than ten years, I have not known a summer to pass with so little intermittent, in fact, with

so little sickness of any kind. In the fall there was an epidemic of diphtheria; but in proportion to the number of cases, there were as few deaths as could reasonably be expected.

December 5th, I saw a boy aged 9 years; he complained of "pain all over," and said his "throat was a little sore, but not much." Upon examination, I found on one side a slight diphtheritic exudation. I gave him tr. iron, quinia internally, a gargle of alum, chlorate potass., fl. ext. sumac, glycerine and rosewater, and ordered a generous diet. The next day I was unable to see him, but on the 7th I visited him early.' Upon examination, the whole throat seemed one mass of diphtheritic deposit; apparently nothing passed into the stomach, for on attempting to swallow milk, it poured from both nostrils; however, as this process lessened the amount, some of the milk must have entered the stomach. He continued much in this condition till the 14th, when the amount of membrane appeared somewhat lessened, and gradually disappeared, so that by the 19th, his throat was clear. During the whole time he had the same difficulty in swallowing, and but for his amiable disposition and the persistent efforts of his mother, who never left him, he certainly would have died from lack of nourishment. On the 20th he sat up. The next day he walked across the room, and the day following went into the adjoining room. On the 23d I was summoned in great haste, the mother being very much alarmed because he could not walk. In a few days, however, he was on his feet again, but his gait was as uncertain as if quite thoroughly under the influence of brandy. I frequently saw him unable to come within four feet of a door that he attempted to pass, and without support, in the middle of the floor, he was an object of amusement to himself, because, as he said, his "legs wouldn't work." He gradually grew stronger, but as his strength returned and he was enabled to walk more surely, his sight became impaired, so that he could not tell his brothers across the dinner table, when I saw him New Year day. This condition continued about a week, but as if to compensate him for his week's loss of sight, he now saw everything double, except it was within two or three inches of his nose; but as his strength increased the distance of double vision increased, till it entirely disappeared. I made my last visit to him January 28th.

I note this one, because out of a considerable number of cases seen during the past year, I have never seen as severe a case recover, or one of so long duration; neither have I seen the after-effects of the disease so well marked. The treatment consisted in the first part of quinia, tr. iron, internally and locally. gargle before mentioned was used throughout. Salicylic acid was used locally, I think without benefit. The diet consisted of milk, milk punch, beef tea, port wine, broths, ice cream, grapes and such other fruit as he desired. I take it from this case that if "beef tea is useless and not at all nutritious," it is, at least, not a very active poison, otherwise this child would have died a victim to it, for he took each day, for the first twenty days of his sickness, the tea from two pounds of choice beef.

On the 5th of May, a singular accident occurred at the depot in this city. As the morning "fast mail" passed through, Mr. Thomas Page, "the paper man," aged 62, was standing on the platform with his back toward the passing train. The mail bag was thrown from the car striking the old man on the left breast, knocking him down, and, as it were, forcing his body forward, while the right hip coming in contact with the platform, produced an injury which made it impossible for him to stand when assisted to his feet. I saw him in a few minutes after the accident, and feared a fracture of the neck of the femur. Later in the day, with the assistance of Dr. D. W. C. Hough, the patient was thoroughly ætherized and my worst fears were realized. It was a fracture of the neck of the femur within the capsular ligament.

My excuse for taking up so much of this report with my own cases is, that out of seven sub reporters, from all of whom reports have been solicited, only two have responded; one in four lines of note paper, says there has been no sickness in his vicinity, and Dr. Schleimer's report of a case is enclosed.

H. H. JAMES, Reporter.

RAHWAY, N. J., May 12, 1876.

COMMUNICATION BY DAVID SCHLEIMER, M. D.

The year has been with us a remarkably healthy one, so much so as to offer no material for an elaborate report. Of the cases worthy of notice, that have come under my observation, are about 20 cases of diphtheria, some of which were of a severe character; all however have recovered, though some remarkably slow and tedious. One case in particular I will mention, who has been treated almost inexcusably heroic, to which I was led by two reasons:

1st. The very desperate character of the case; and 2d, The similarity, in my opinion, of this disease with membranous croup.

The patient in question is John Green, a native of England, aged about 35 years, married, and by occupation a laborer. I was called to his house on February 1st, to see one of his children who had a mild attack of diphtheria, the father then being in apparent good health. The child did well, and recovered in a week or so, when the father

was taken with a very severe headache, fever, general anorexia, some cough, without any further positive symptom. My diagnosis was accordingly guarded.

Attended the patient for two or three days, when upon another examination of his throat, to which I was led by his inability to swallow anything, even a drink of water, without considerable pain, I now found a diphtheritic exudation covering both tonsils and uvula, and at once resorted to usual remedies for that disease.

The next morning I found him declining fast, unable to utter a word above a whisper, and that was attended by pain. The exudation had extended to the roof of the mouth, his tongue covered with a thick brown coating, so dry as to almost form a crust: pulse 140. Death seemed written in his anxious countenance. I made up my mind it was useless to continue with the usual remedies; in fact, he was, to my mind, beyond any remedy that might be resorted to. I resolved, for the reasons above mentioned, on the following treatment:

B. Hydr. Chlor. Mit, 3v.
Sacch. Alb. 3ii.
M. ft. chart No. X. Div.

S. one every three hours, and left him with a request to his wife to strictly comply with the directions, at the same time explaining to her the almost impossibility of his recovery.

Called the next morning; the powders were all taken, with, I thought, a perceptible change in the patient; he was not so restless; the face did not present quite that anxious appearance; in all I thought him somewhat more hopeful, though there was no change in his mouth. I repeated the above prescription with the same directions.

The next morning I found two powders left, he having slept some at intervals, and to my great surprise I found quite a change in his mouth; the exudation began clearing away in patches. I stopped the further use of this remedy and gave acid salicylic in five grain doses; some quinia with iron, and a stimulant every hour. From this time he continued to improve very slowly but perceptibly every day, until the mouth was thoroughly cleansed; he regained his voice, and on the 25th of February he was able to sit up, and asked for a smoke. The man is now as well as ever.

I cite this case because I consider it one of interest in these days of

war on this time-honored remedy. While young in the profession, I have seen enough of the value of this much abused article to consider it the remedy in many cases, not however in such doses as mentioned above.

ELIZABRTHPORT, May, 1876.

WARREN COUNTY.

To Chairman of Standing Committee, &c. :

The past year has been a very busy one for the practitioners of this County. The prominent diseases treated were Dysentery, Typhoid Fever, Diphtheria, Measles and Pneumonia. I hear of Scarlet Fever only in the isolated township of Pahaquarry. There it was mild and unattended with fatality.

In remarking upon the salient points presented in the history of these epidemics, I mention—

First, that the Dysentery of the summer and fall months was not of a very fatal character. But two or three deaths occurred, and these from the incoming of cerebro-spinal symptoms to complicate the intestinal affection. In addition to the standard corrective and opiate treatment, which has stood the test of experience, the use of small doses of belladonna was very efficient in allaying the tenesmus as well as the nervous symptoms. With this the bi-sulphite of soda as corrective and disinfectant, and the bromides pro re nata, and we had a system of treatment quite gratifying in its its results.

Diphtheria was very prevalent at Oxford and in the borough of Washington. The absence of reports from the resident practitioners, as to its character and treatment, is to be regretted.

The epidemic of Measles has been wide-spread,

commencing in October last. We are still attending cases of this disease. Its individual type is mild, and when without complication has been entirely free from fatality.

In quite a number of cases, Pneumonia was intercurrent. This was treated very much in the same method as that occurring so frequently during the winter in persons unaffected by the exanthema. The treatment consisted in moderating febrile symptoms cautiously with tart. anti., verat. virid. or ipecac, and then relying upon quinine with either ammonia or whiskey: blisters and fomentations externally.

In answer to questions from the Chairman of Standing Committee—Dr. Crane remarks that "the value of topical remedies in malignant sore-throat" depends upon their antiseptic value. He has "lost all faith in all cauterizing remedies." To the second question, concerning "calomel as a therapeutic agent," the Doctor replies that he "uses it very little, except in serous inflammation and in combination with febrifuges."

The reporter adds, that the use of calomel as a cathartic or frequent alterative, is very much diminished since the introduction of valuable substitutes, by which we avoid the secondary or rather the illimitable effects of the former. The milder mercurials, hydg. creta or blue mass, and these guarded or followed by chlor. pot. or bromides, answer the ordinary purposes.

Notably, however, calomel seems very necessary, viz: in croup or laryngitis, in acute vomiting, or in gastric spasm, and in the acute stages of dysentery.

As these diverse affections have one condition in common, viz: an inflamed mucous membrane, covered

with abundant tenacious secretions of mucus, the solvent action of calomel on these morbid albuminous products has a marked effect in relieving the capillary congestion of the subjacent tissues, and relieving the the spasmodic effort, which is so variously manifested in each of these several diseases.

J. C. JOHNSON, Reporter.

Blairstown, May 18, 1876.

The Medical Society of New Jersey does not hold itself responsible for the sentiments expressed by the authors of papers; nor for the accuracy of the reports of clinical cases furnished by the reporters of the District Societies.

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